

AIR FORCE SPECIAL OPERATIONS COMMAND

EMT INTERMEDIATE/PARAMEDIC TREATMENT PROTOCOLS FOR AIR FORCE SPECIAL OPERATIONS MEDICAL TECHNICIANS



AFSOC HANDBOOK 48-1
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Aerospace Medicine

**EMT INTERMEDIATE/PARAMEDIC TREATMENT PROTOCOLS
FOR AIR FORCE SPECIAL OPERATIONS MEDICAL TECHNICIANS**

This handbook incorporates requirements, information, and procedures formerly contained in AFSOC SG policy letters. This Handbook applies to all active duty AFSOC 4FOX1 and 4N0X1 personnel, certified at the Emergency Medical Technician- Intermediate and Paramedic level, as outlined in AFSOCI 48-101.

Supersedes AFSOC Handbook 48-1 dated 1 July 1998.

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Certified by: HQ AFSOC/SGA (Lt Col Pollard)

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Table of Contents

	Page
Medical Control	3
Universal Precautions	3
<u>Advanced Cardiac Life Support :</u>	
Ventricular Fibrillation/Pulseless Ventricular Tachycardia	5
Tachycardia	6
Paroxysmal Supraventricular Tachycardia	7
Cardioversion	8
Bradycardia	9
Asystole	10
Pulseless Electrical Activity	11
Pulmonary Edema	12
Acute Myocardial Infarction/Chest Pain	13
<u>Medical Emergencies:</u>	
Unconscious/Unknown	15
Cerebral Vascular Accident	16
Seizure	17
Allergic Reaction	18
<u>Environmental Emergencies:</u>	
Heat Emergencies	20
Hypothermia	21
Drowning	22

Poisoning/Envenomations	23
<u>Trauma Care/Procedures:</u>	
Extremity Trauma	35
Eye Injuries	36
Burns	
Thermal	37
Electrical	39
Chemical	40
Thoracic Trauma	42
Open Pneumothorax	43
Chest Tube Insertion	44
Needle Thoracentesis	45
Advanced Airway Procedures	46
Cricothyroidotomy	49
Venous Cutdown	50
Nasogastric Tube Placement	51
Urethral Catheter Placement	52

Medical Control

Care of injured personnel in combat or rescue situations requires medical command and control by licensed medical providers. Paramedics and Emergency Medical Technician-Intermediates providing care in these situations are acting under the principle of 'delegated authority', where the provider (usually a physician) allows appropriately trained personnel to perform specified diagnostic and therapeutic interventions. There are two types of medical control:

- On Line Medical Control: A physician is either present on the scene and personally directs patient care, or is contacted by radio or other means and gives 'live' instructions.
- Off Line Medical Control: Contact with a control physician is impossible or impractical, and care is given based on specific physician approved protocols.

The medical control chain for AFSOC medical technicians assigned to Operations Support Squadron Medical Flights(OSS/OSM) is in the following precedence:

1. On Line Medical Control:

- Senior AFSOC Flight Surgeon present at the scene.
- Special Tactics Flight Surgeon present at the scene.
- Senior US military physician present at the scene.
- Qualified (training equivalent to US physician) Allied country senior military physician present at the scene
- Qualified civilian physician (training equivalent to US MD or DO) present at the scene, provided he/she agrees to assume responsibility for care and accompany the patient to higher level of care.
- Senior AFSOC Physician Assistant present at the scene
- Any of the above in direct radio contact

2. Off Line Medical Control:

- On line medical control is the preferred means of medical control for all casualty situations. In the event on line control is not possible the following will apply:
- The Senior Medic is responsible for directing medical care at all scenes where on line control is not possible. He/she will direct medical control in strict adherence to the established protocols contained herein.
- AFSOC medical technicians assigned to OSS/OSM flights will attempt to contact on-line medical control in all situations prior to reverting to protocol use, with the exception of an immediate life threat and then will attempt to establish on line control as soon as possible after the patient is stabilized.

Universal Precautions

Universal precautions will be taken appropriately for every situation. They will not be addressed for each individual protocol.

Advanced Cardiac Life Support

Ventricular Fibrillation/Pulseless Ventricular Tachycardia

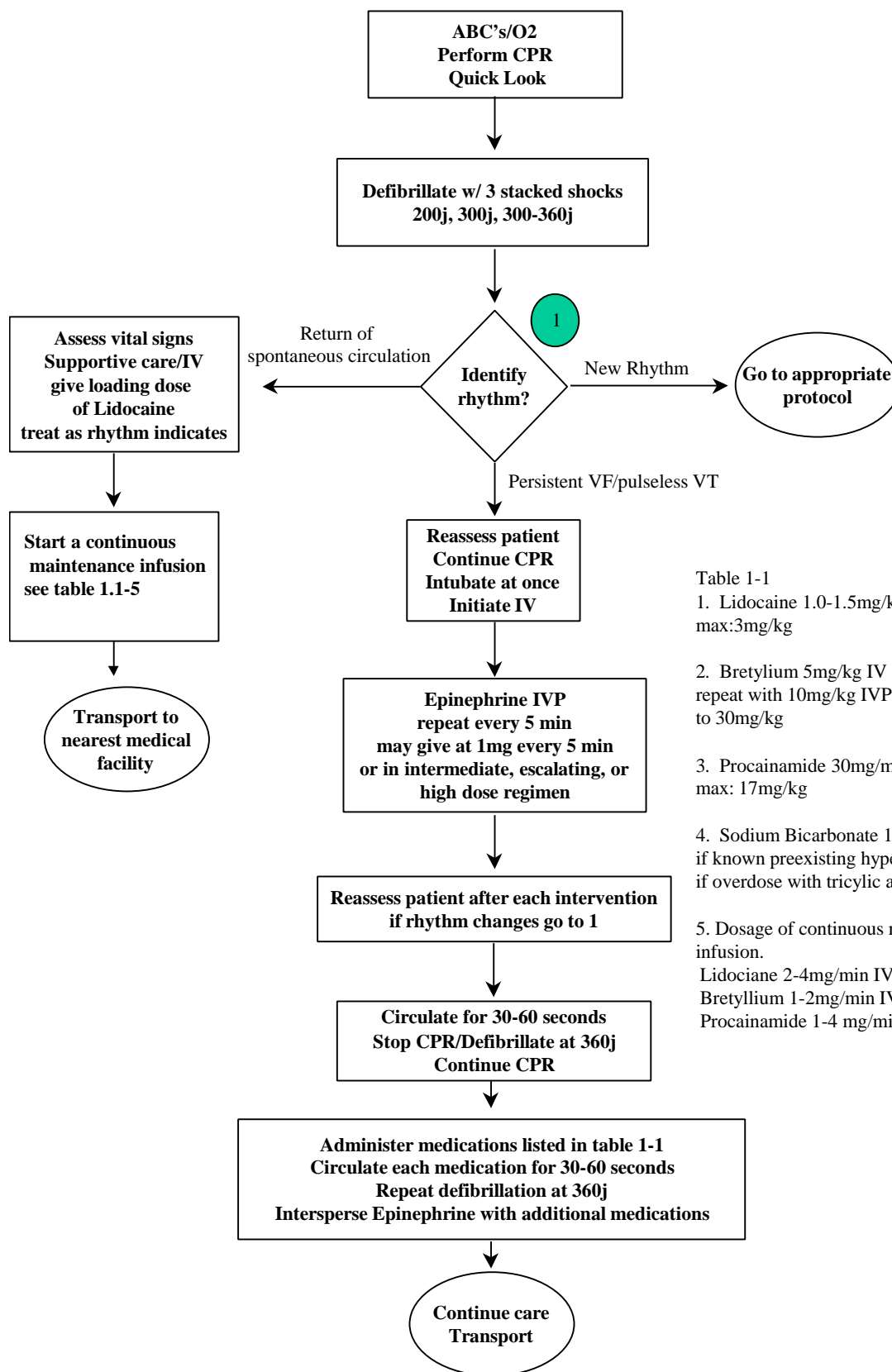


Table 1-1

1. Lidocaine 1.0-1.5mg/kg repeat in 3-5min
max:3mg/kg

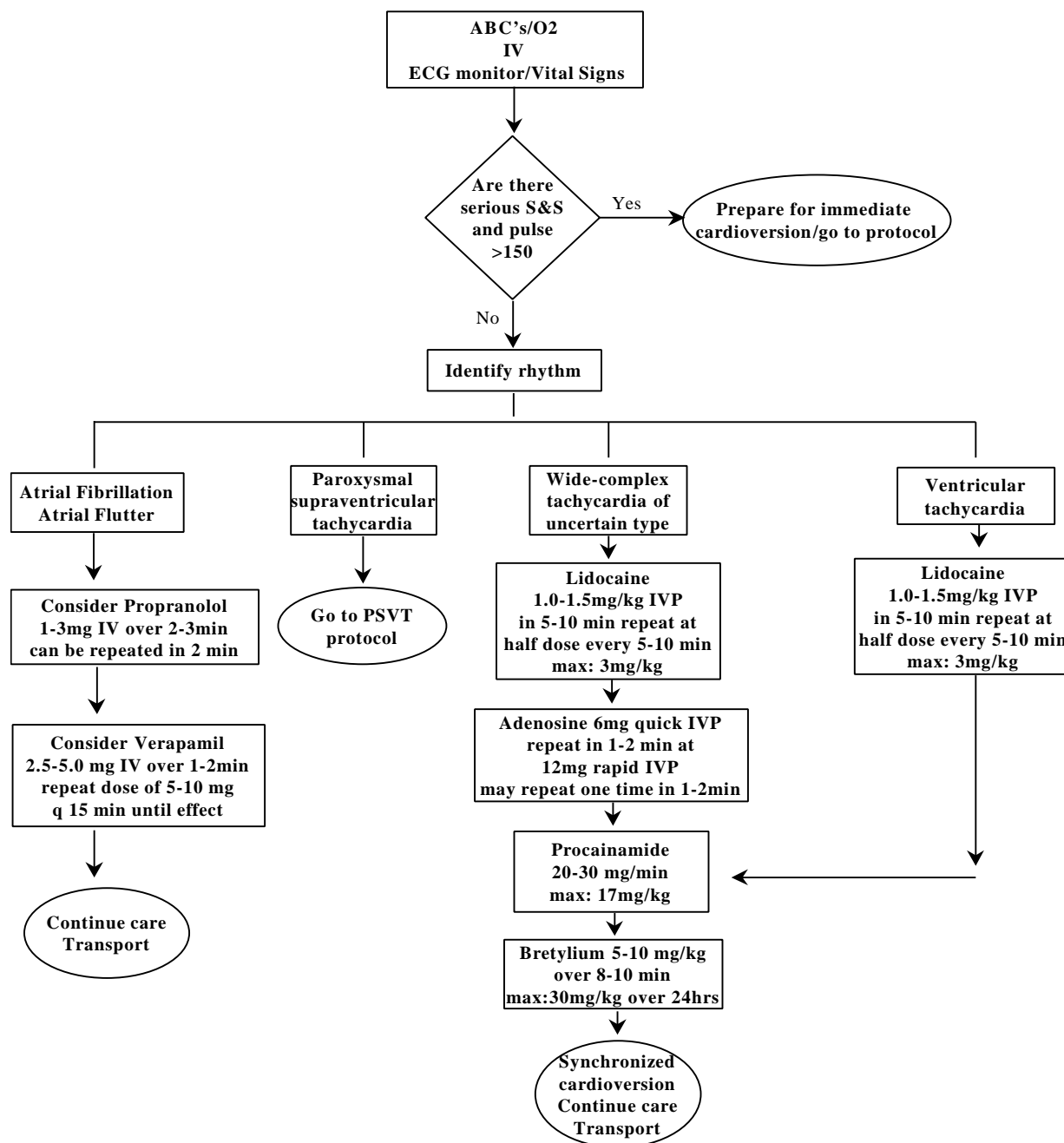
2. Bretylium 5mg/kg IV push
repeat with 10mg/kg IVP q15min up
to 30mg/kg

3. Procainamide 30mg/min
max: 17mg/kg

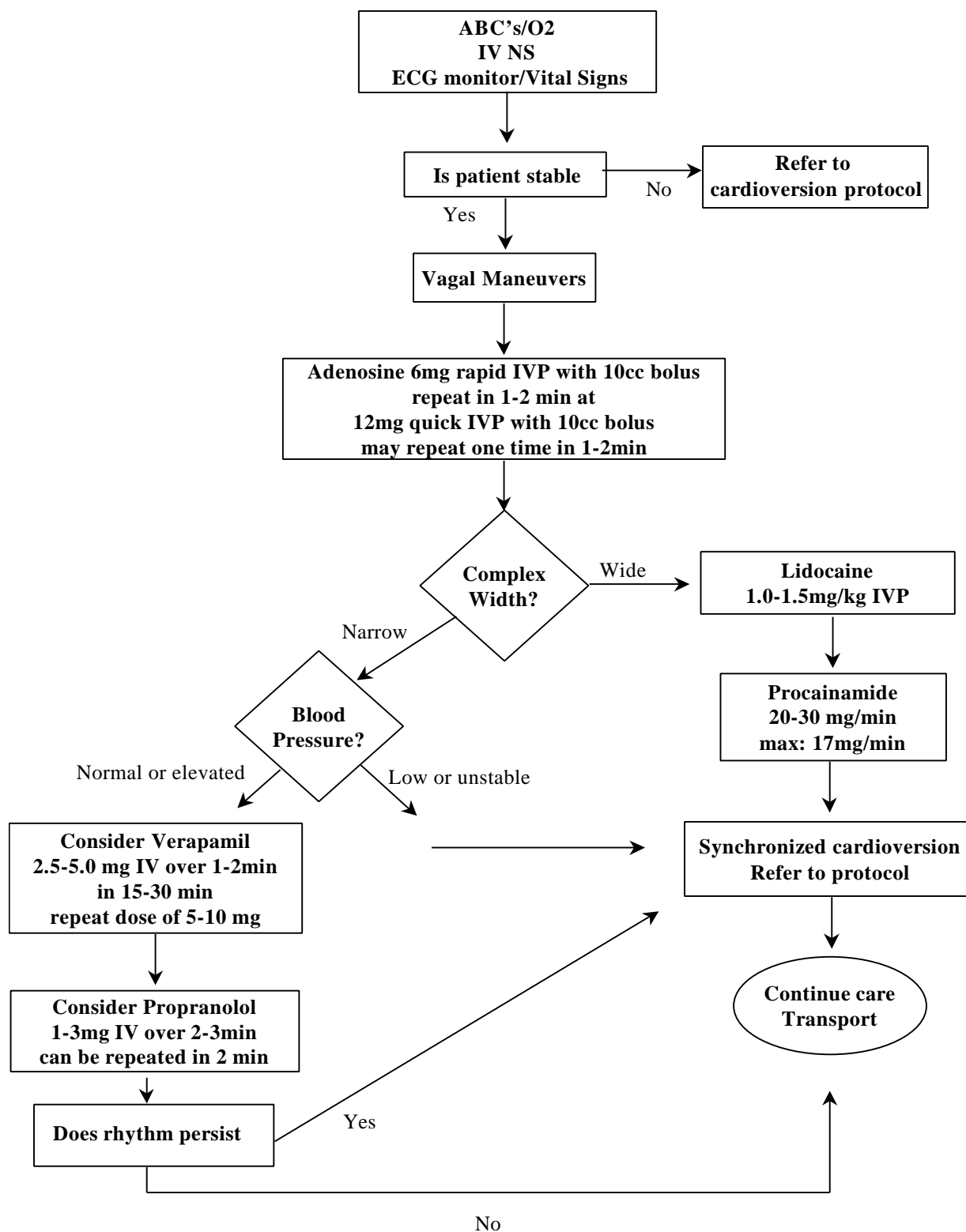
4. Sodium Bicarbonate 1mEq/kg*
if known preexisting hyperkalemia
if overdose with tricyclic antidepressants

5. Dosage of continuous maintenance
infusion.
Lidocaine 2-4mg/min IV
Bretylium 1-2mg/min IV
Procainamide 1-4 mg/min IV

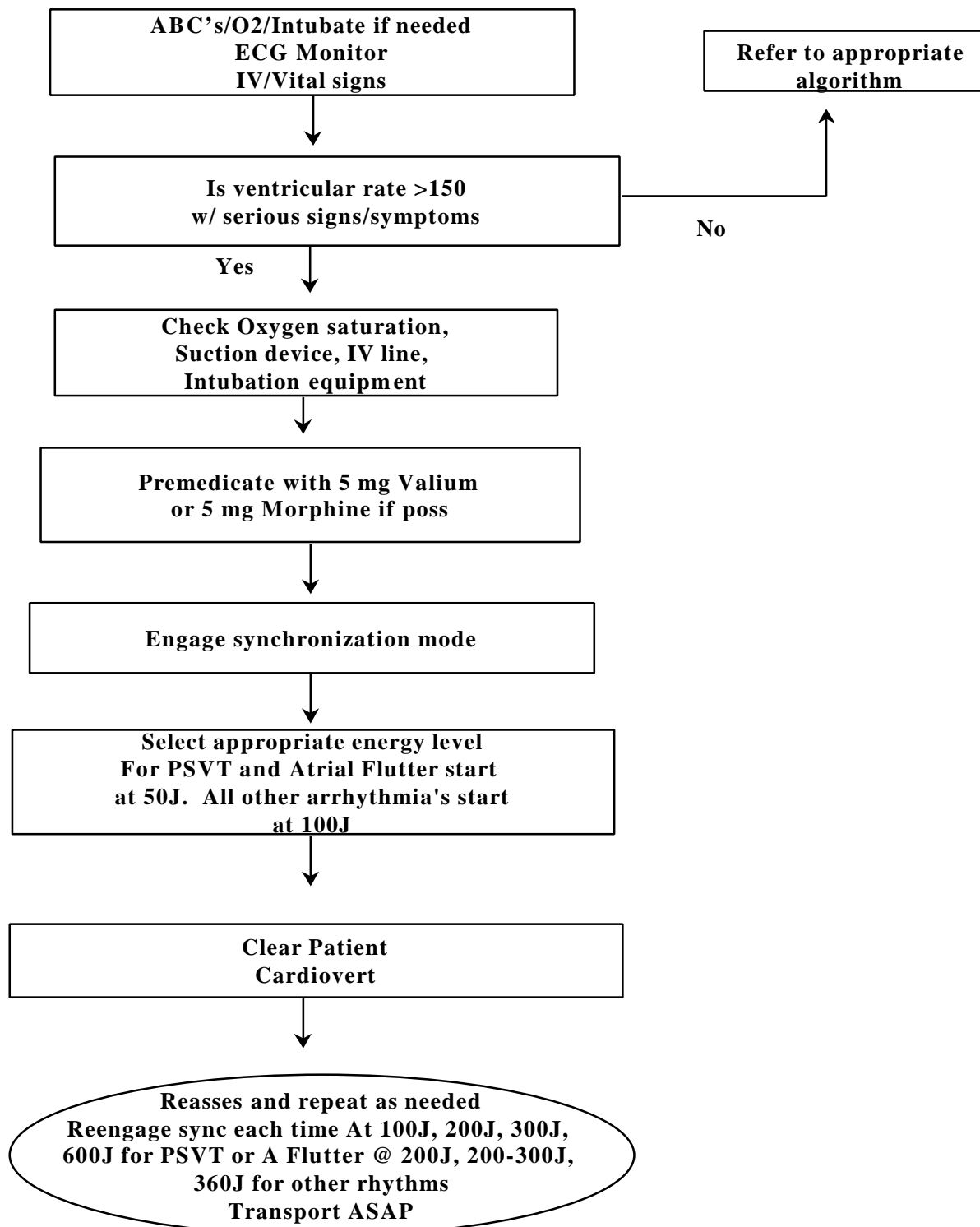
Tachycardia



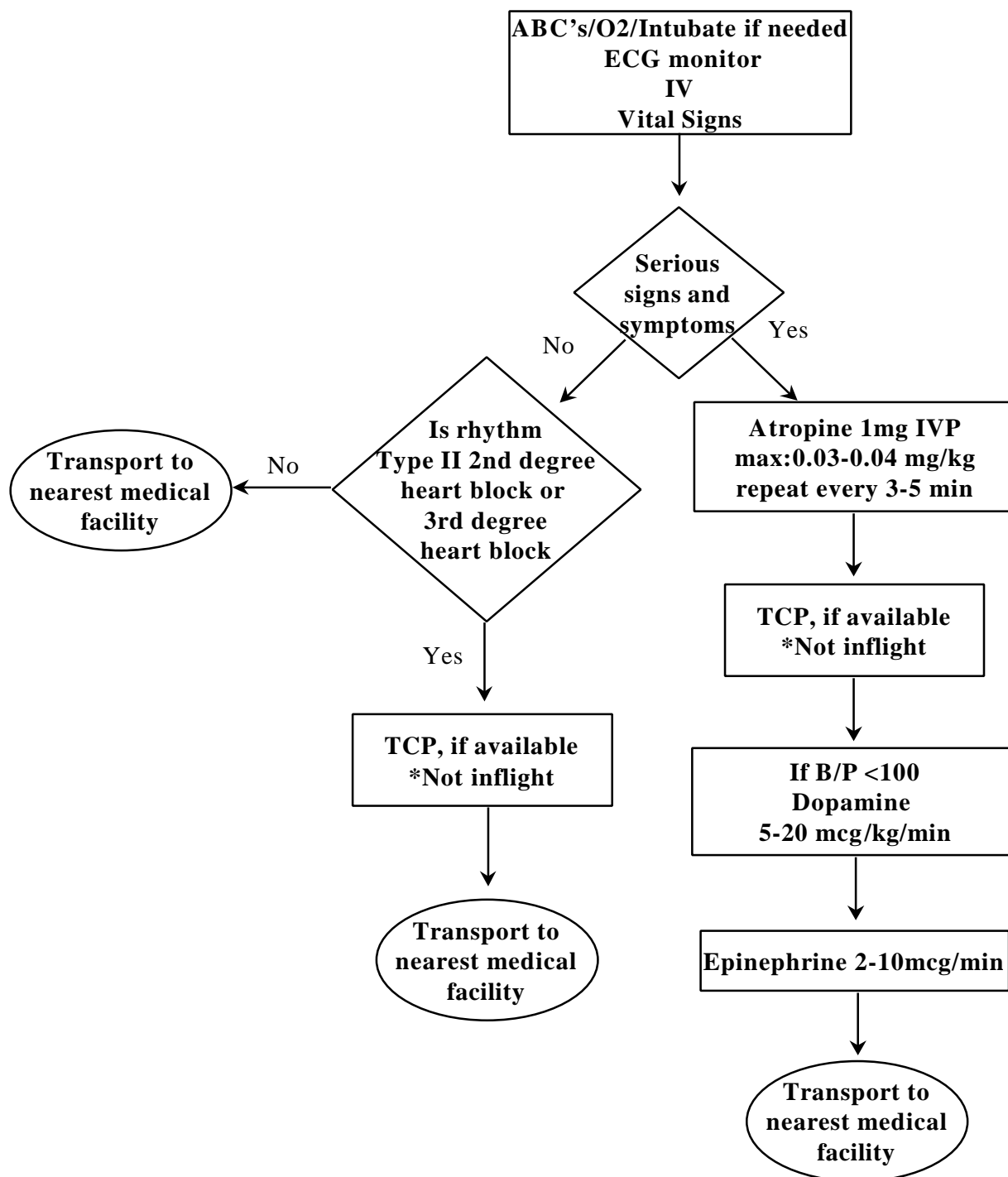
Paroxysmal Supraventricular Tachycardia



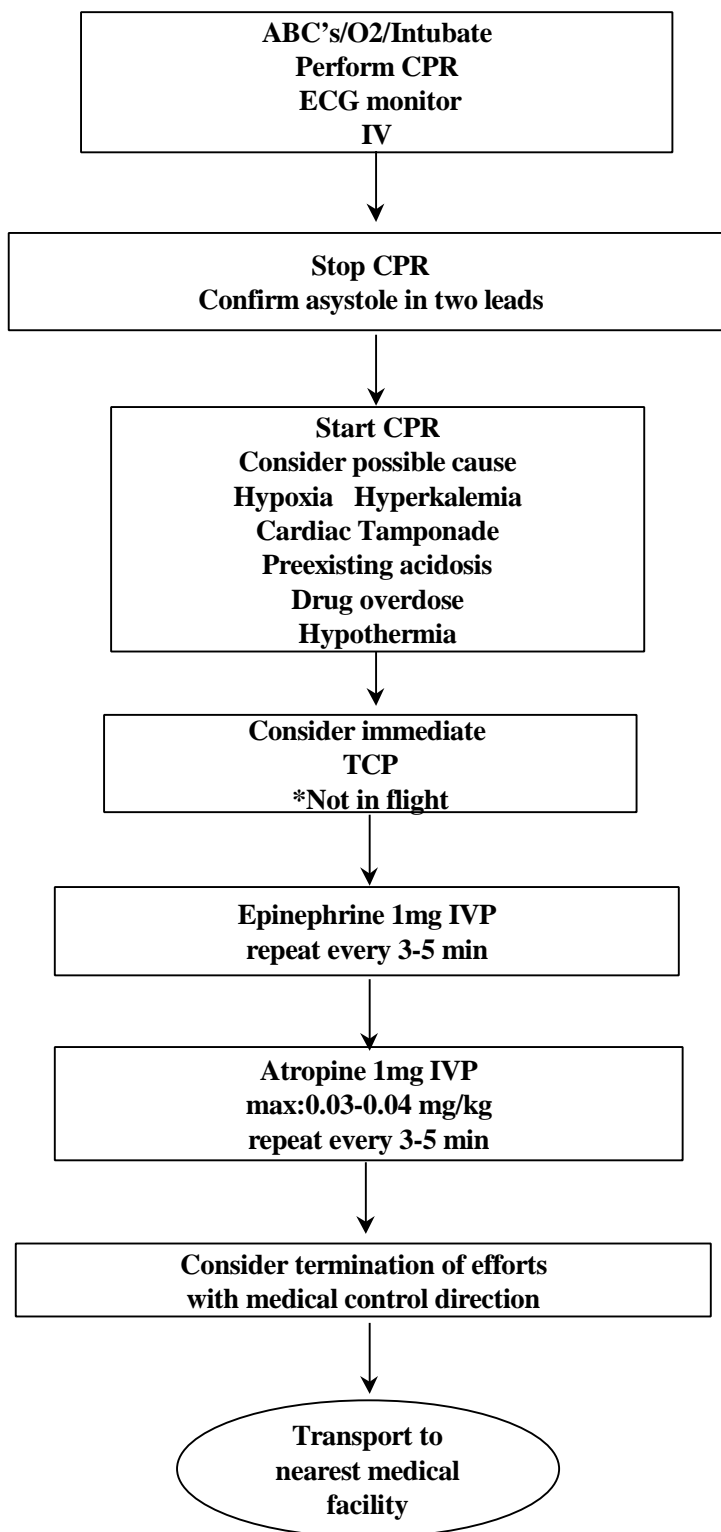
Electrical Cardioversion



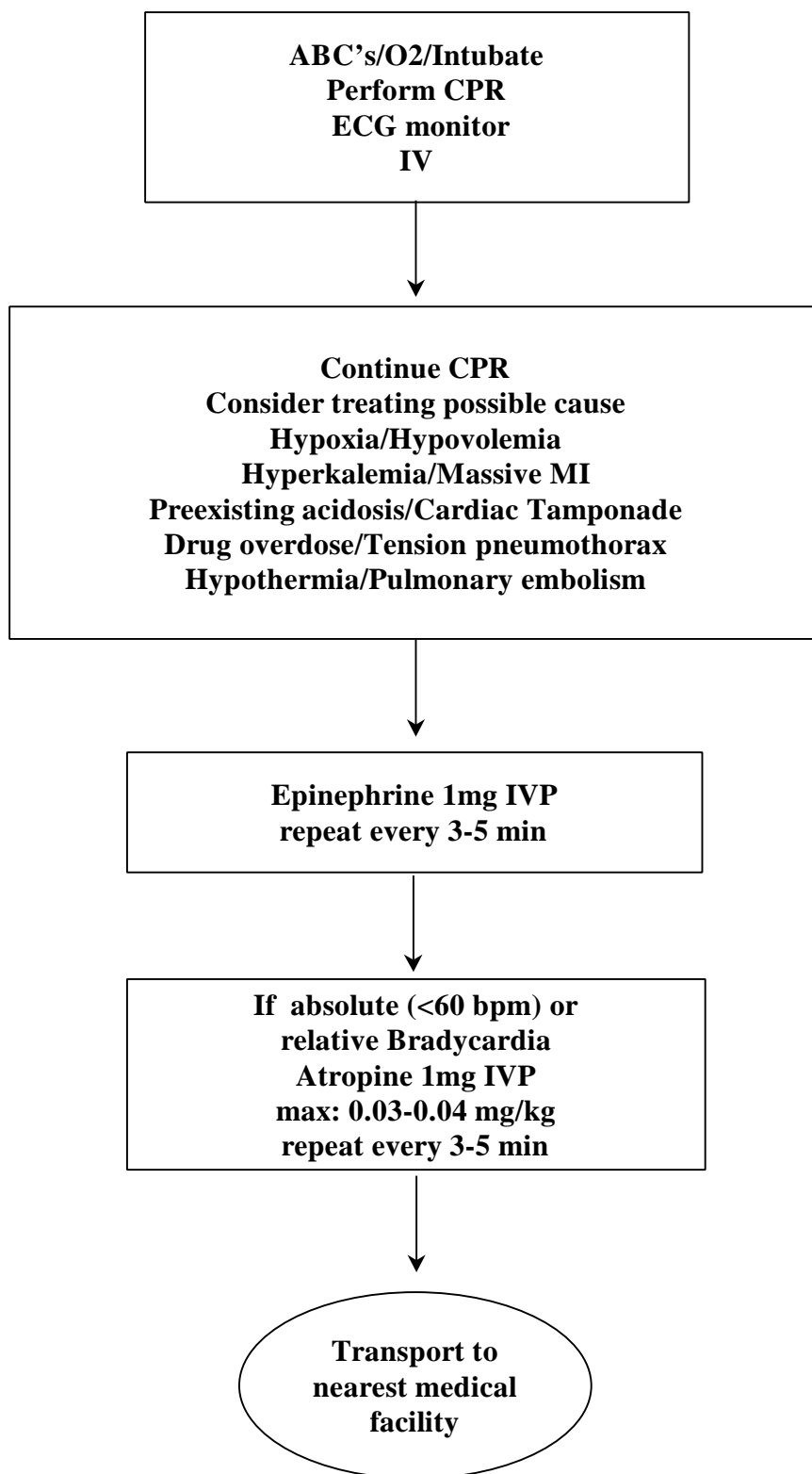
Bradycardia



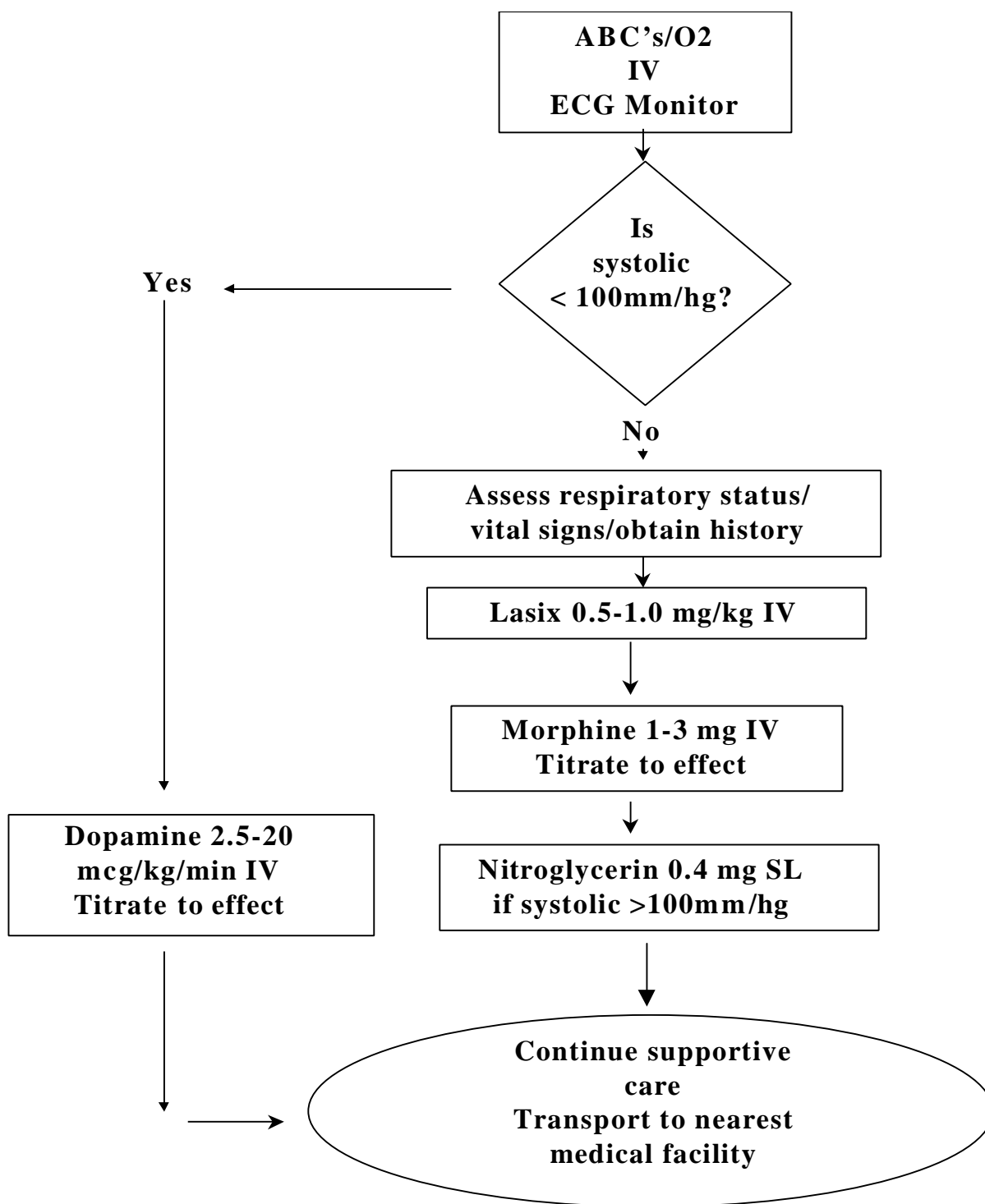
Asystole



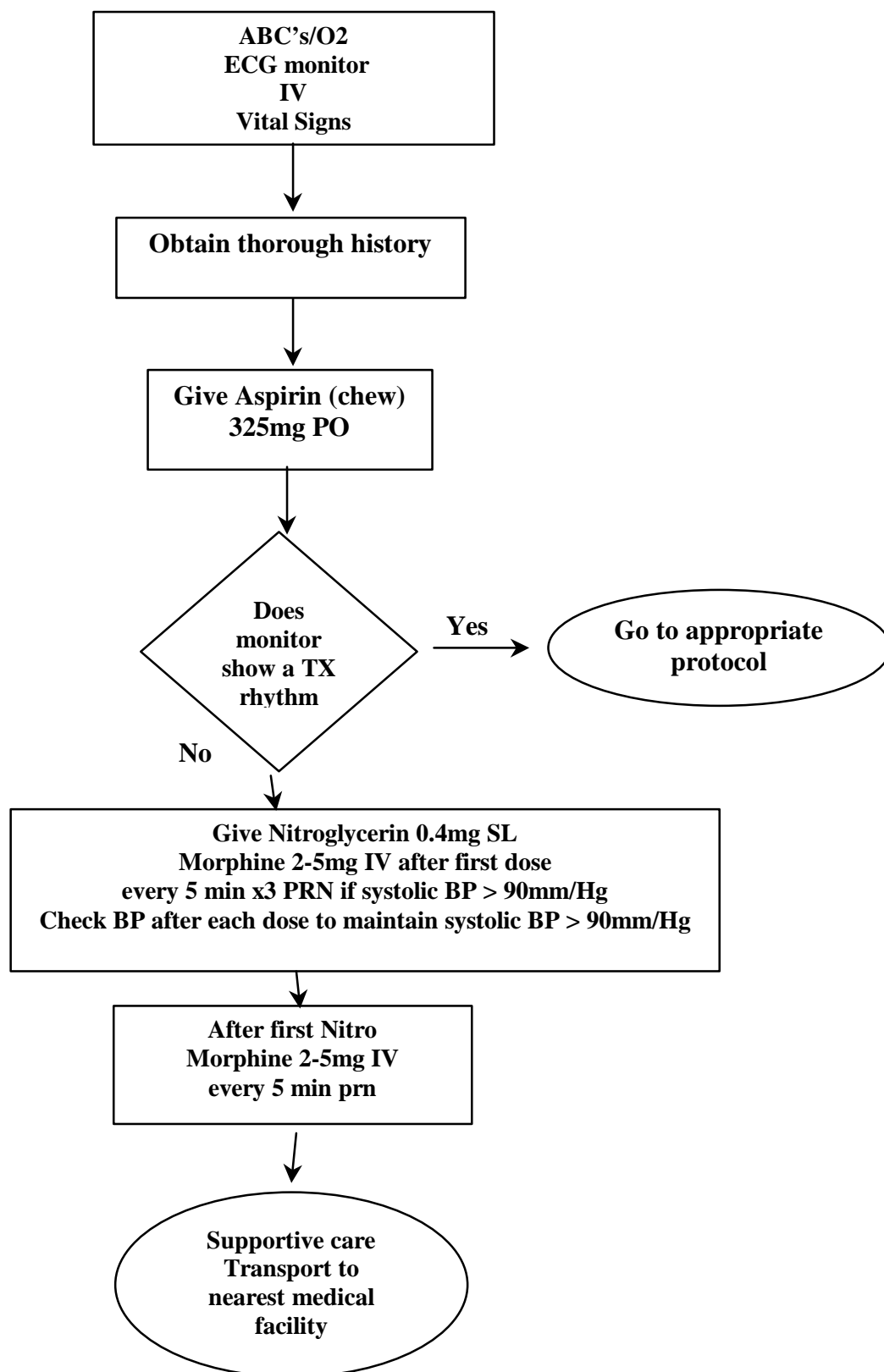
Pulseless Electrical Activity



Pulmonary Edema

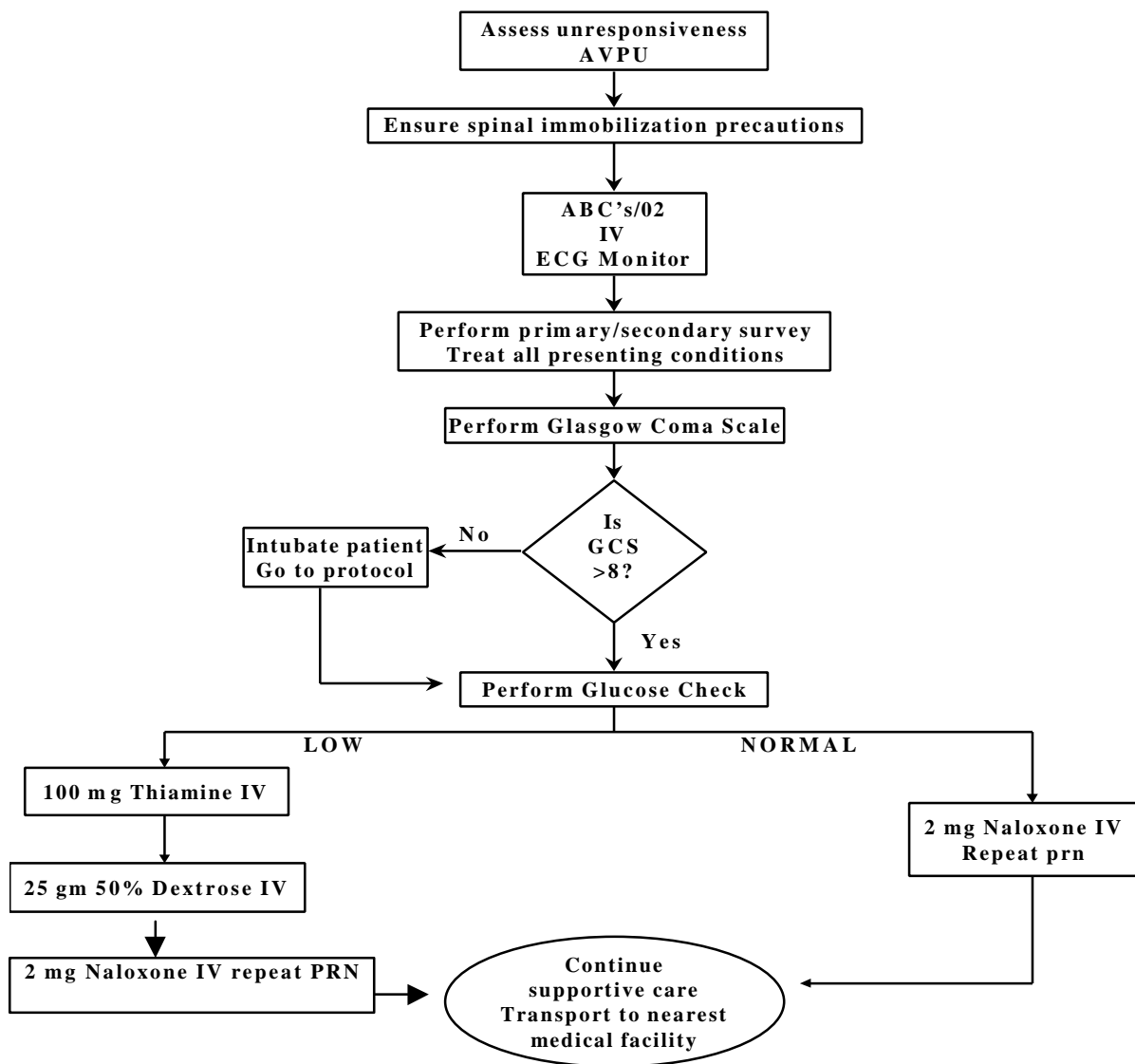


Acute Myocardial Infarction/Chest Pain

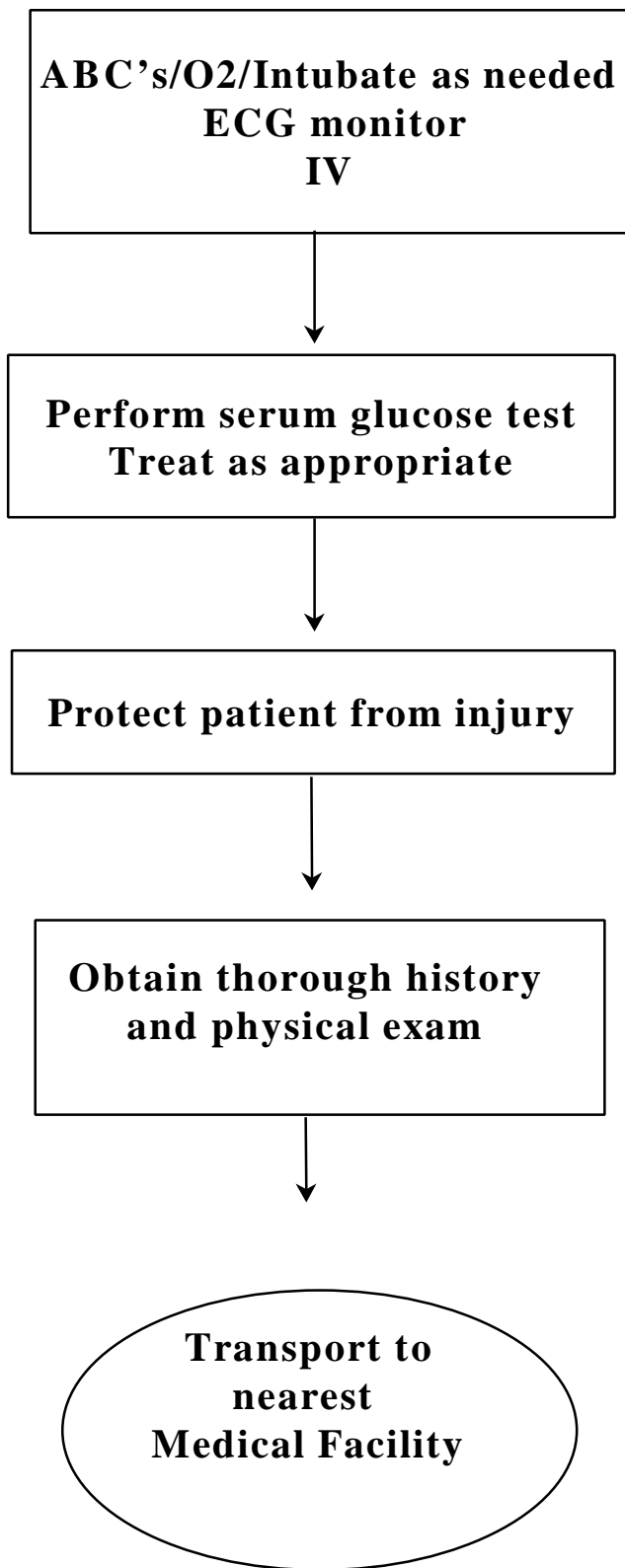


Medical Emergencies

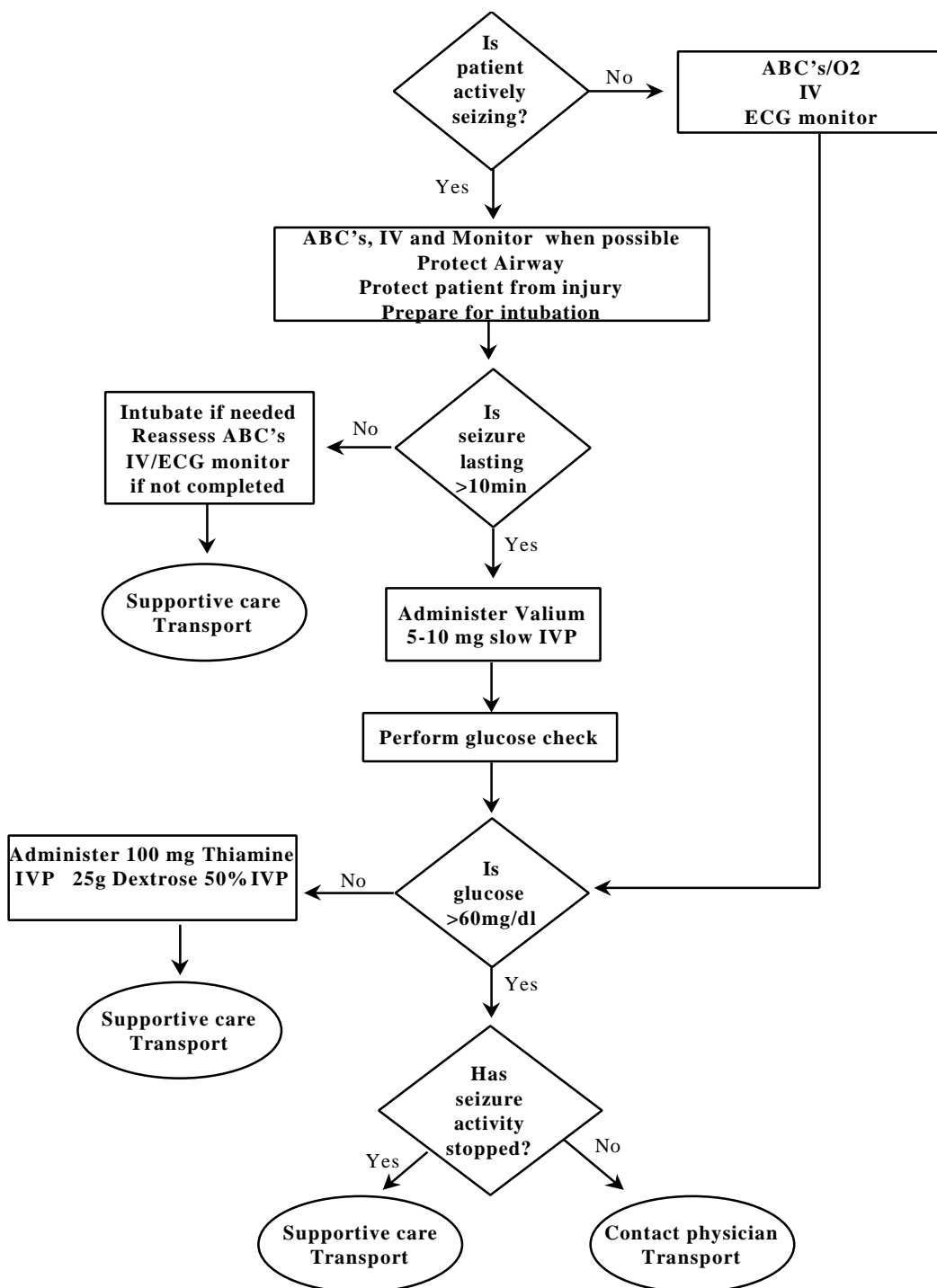
Unconscious/Unknown



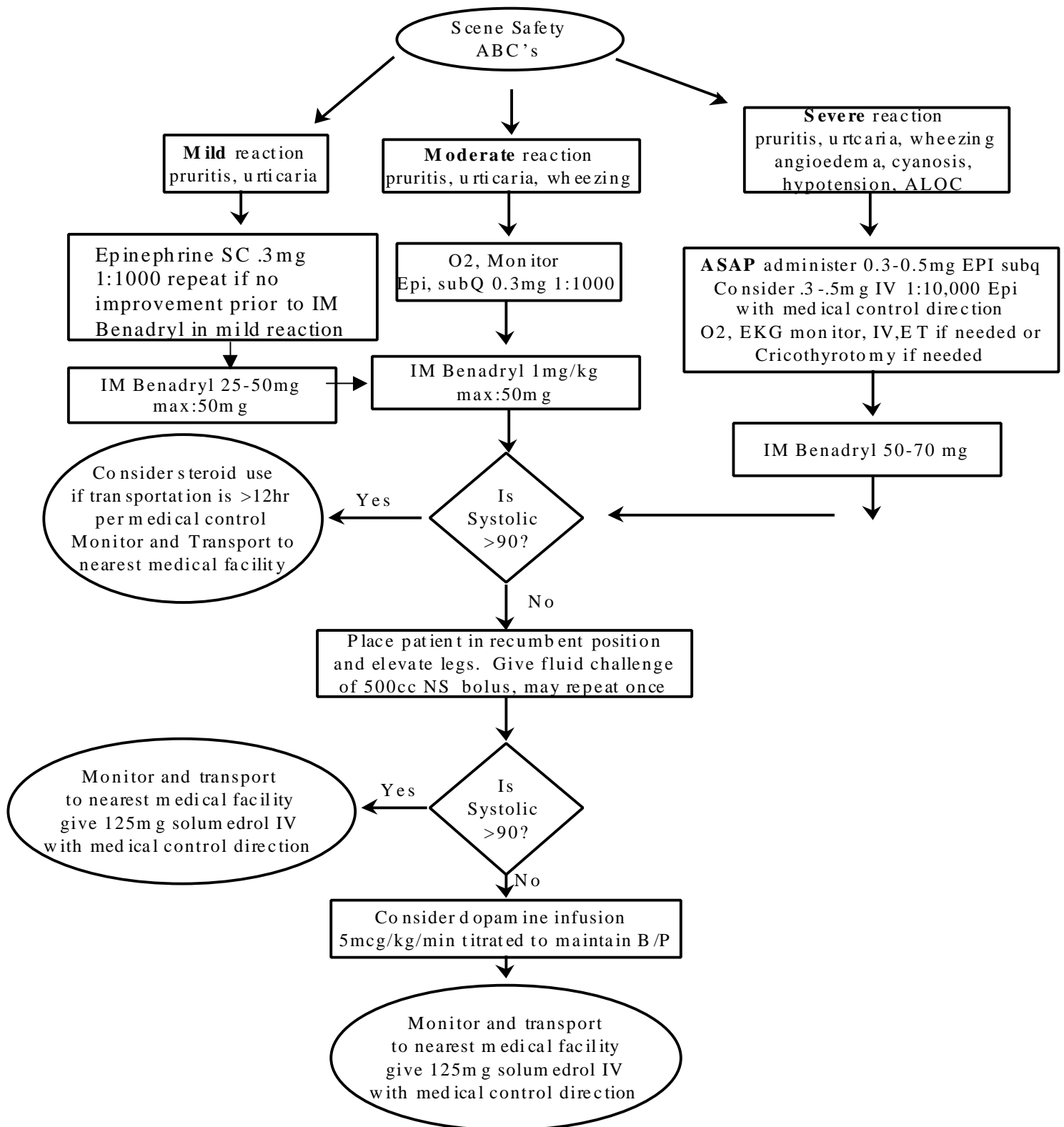
Cerebral Vascular Accident



Seizure

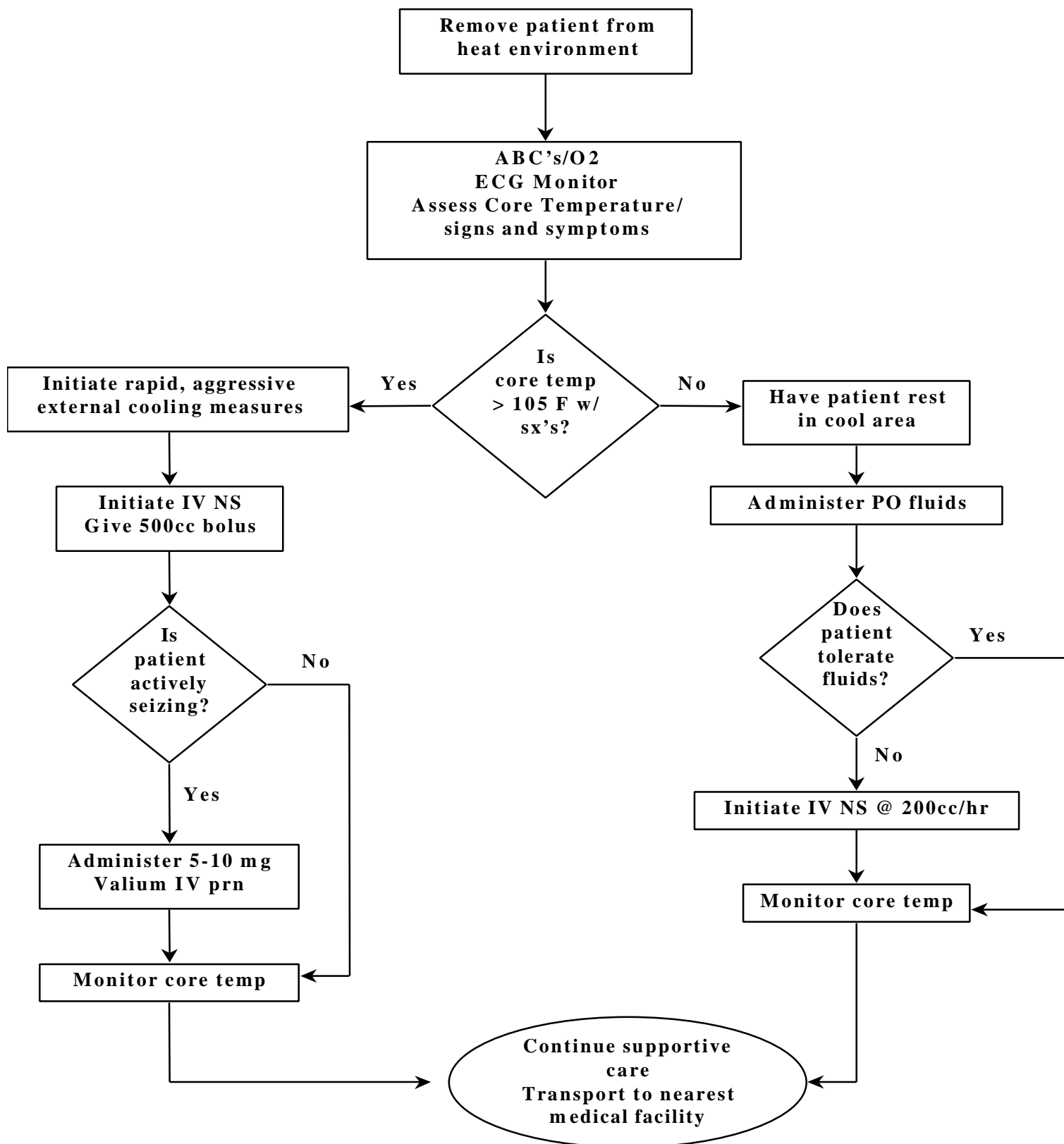


Allergic Reaction

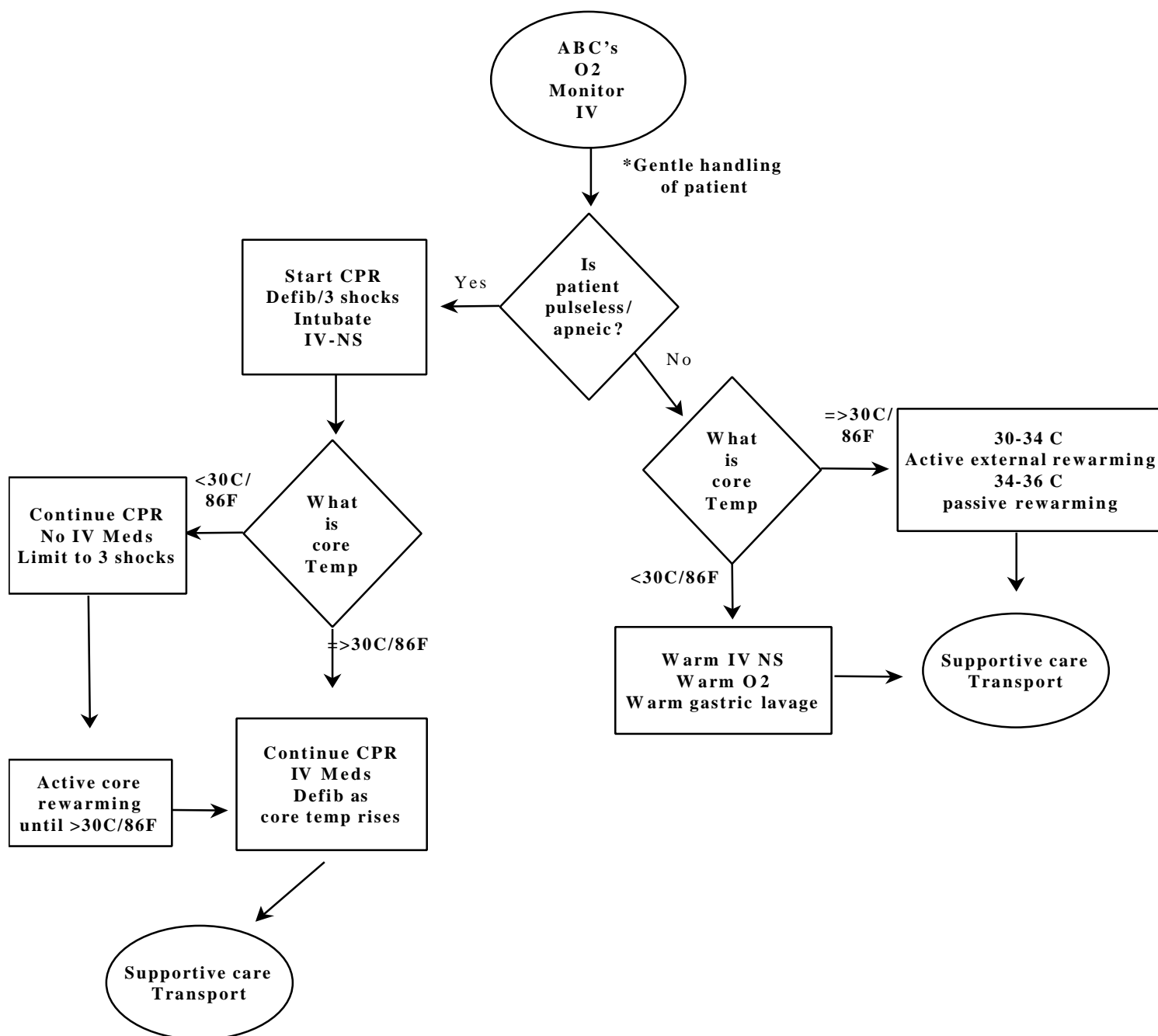


Environmental Emergencies

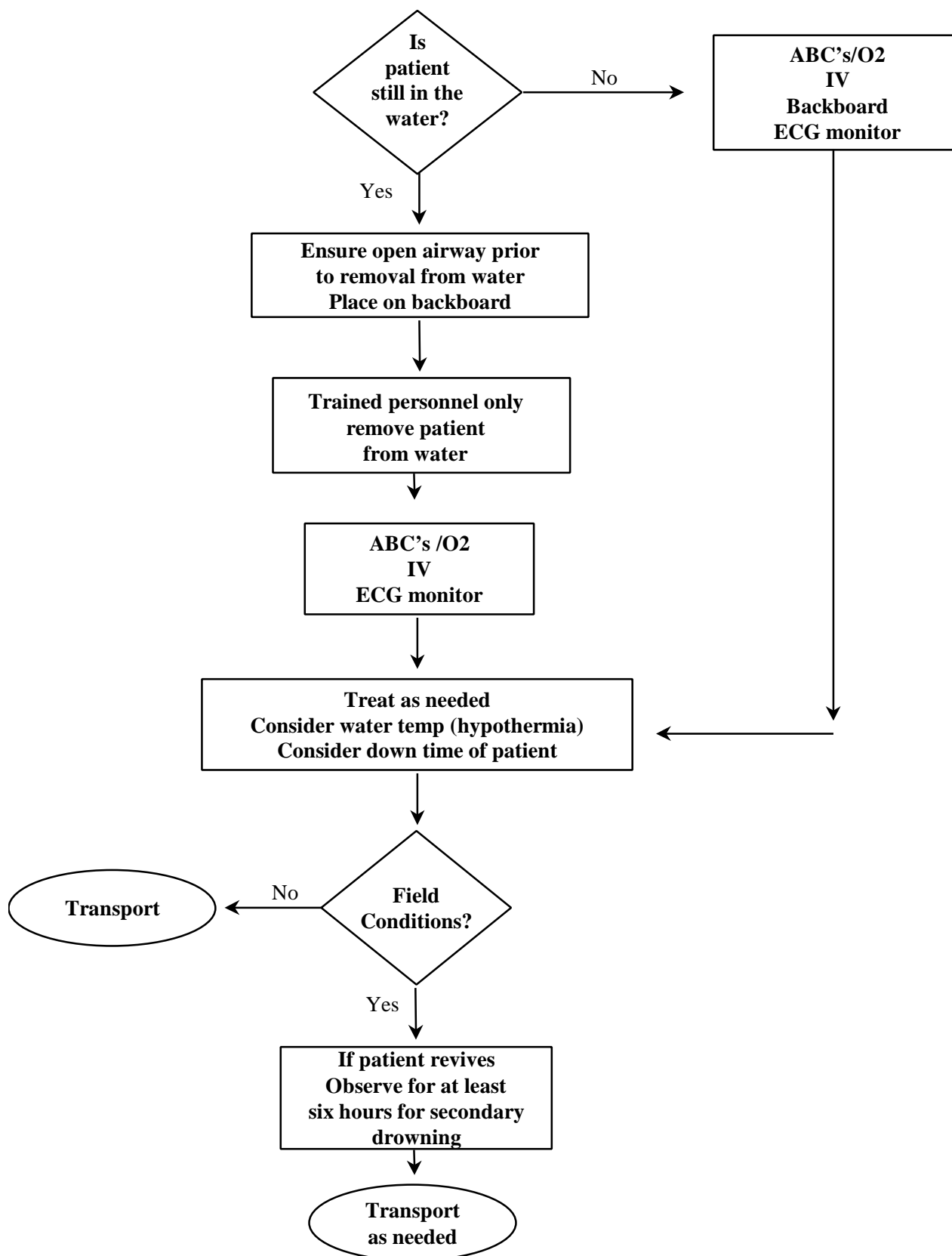
Heat Emergencies



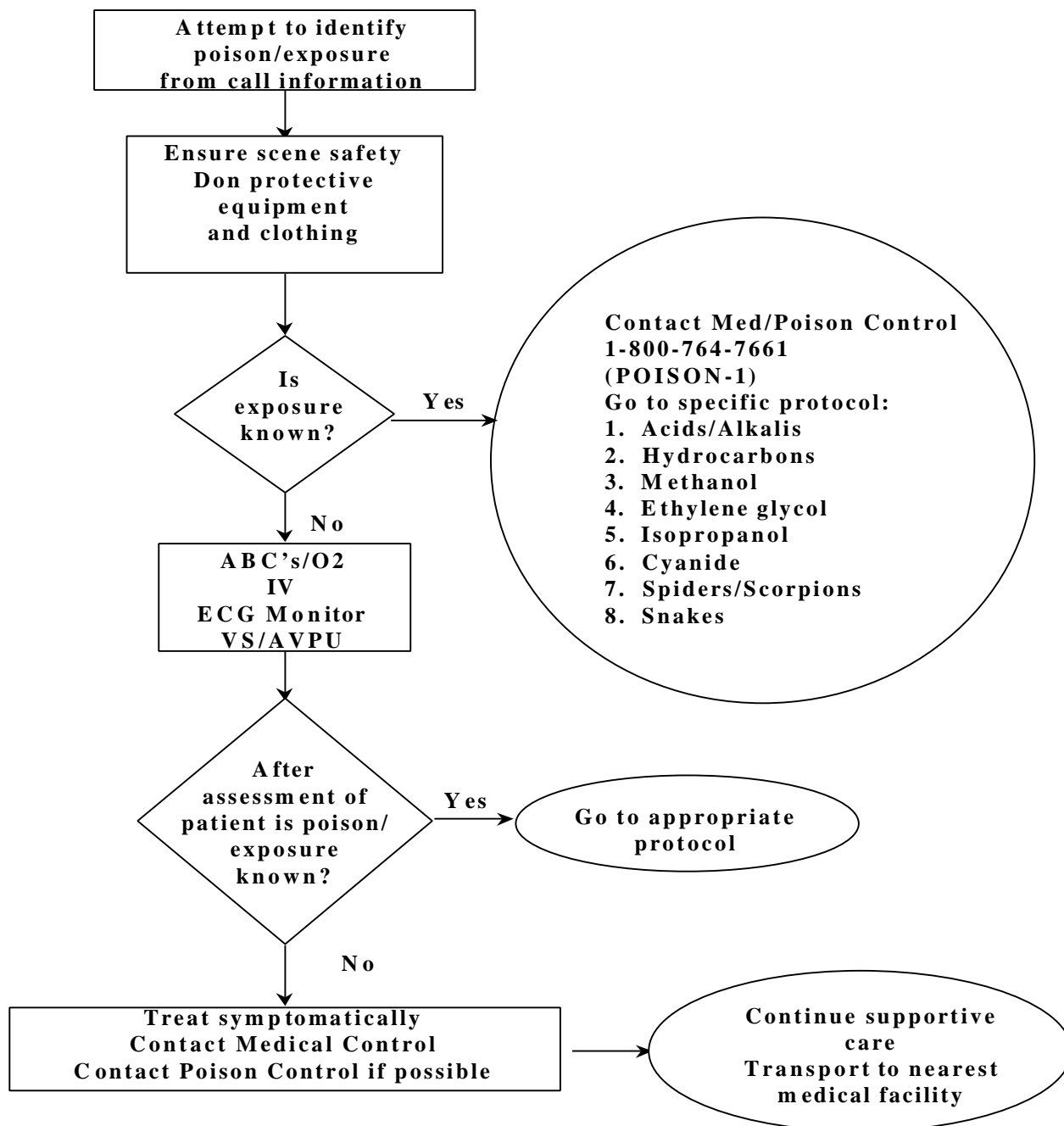
HYPOTHERMIA



Drowning

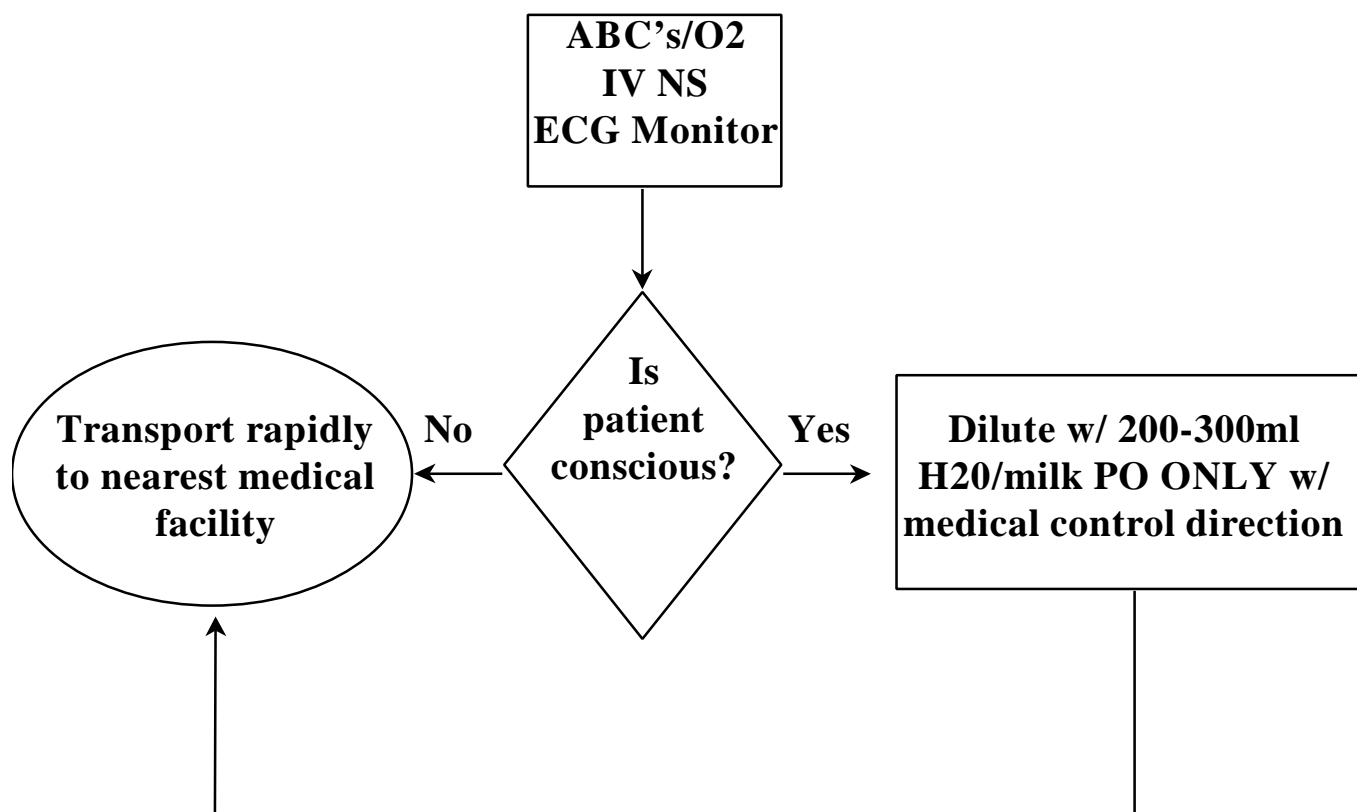


Poisoning and Envenomation



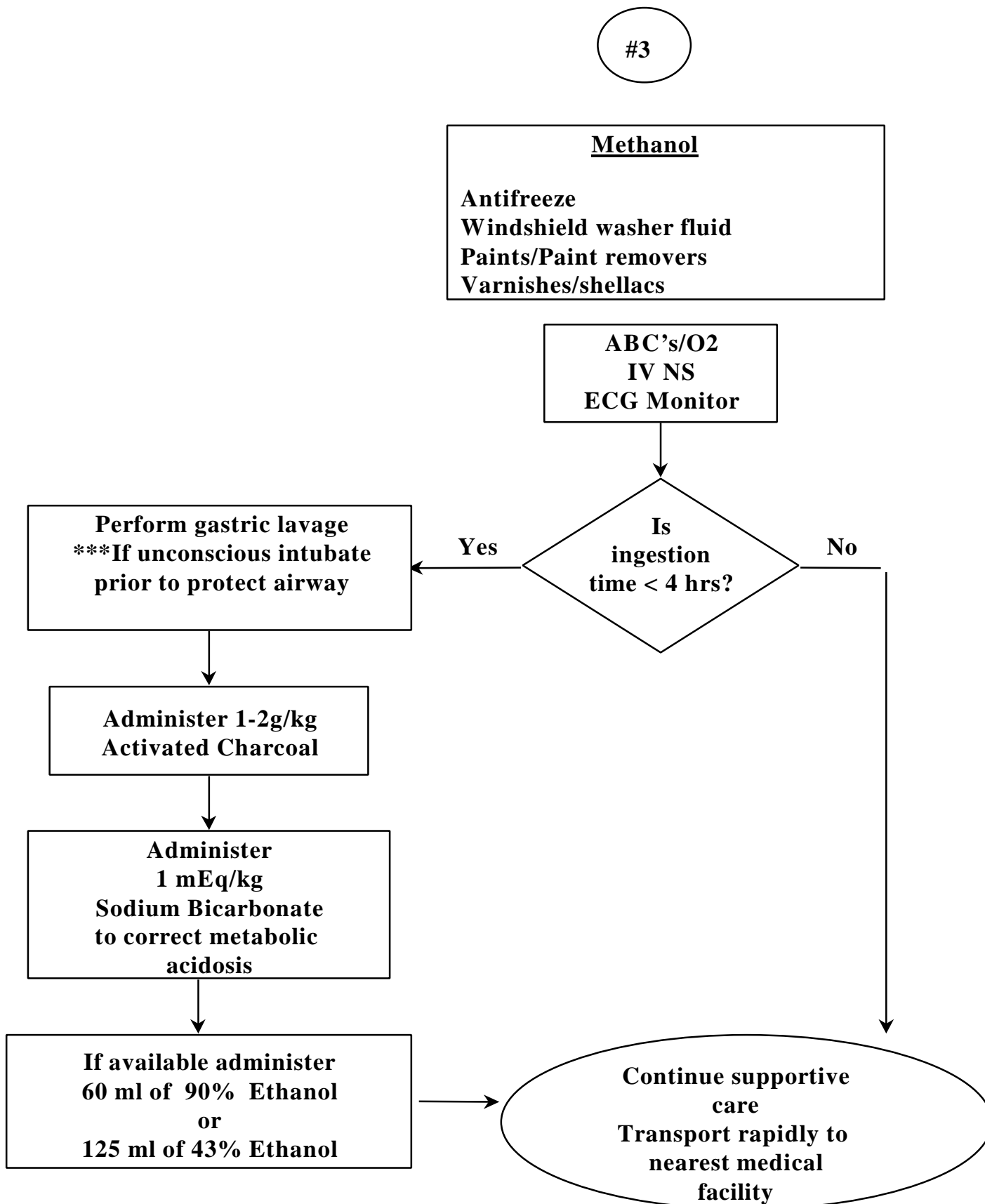
#1

<u>Acids</u>	<u>Alkalis</u>
Hydrochloride acids: -metal cleaners -pool cleaners -toilet bowl cleaners	Sodium Hydroxide: -washing powders -paint removers Disk batteries
Sulfuric acids: -battery acid -toilet bowl cleaners	Bleach
Phenol	Ammonias: -jewelry cleaners -hair dyes/tints
Acetic Acid	Toilet bowl cleaners
Bleach	

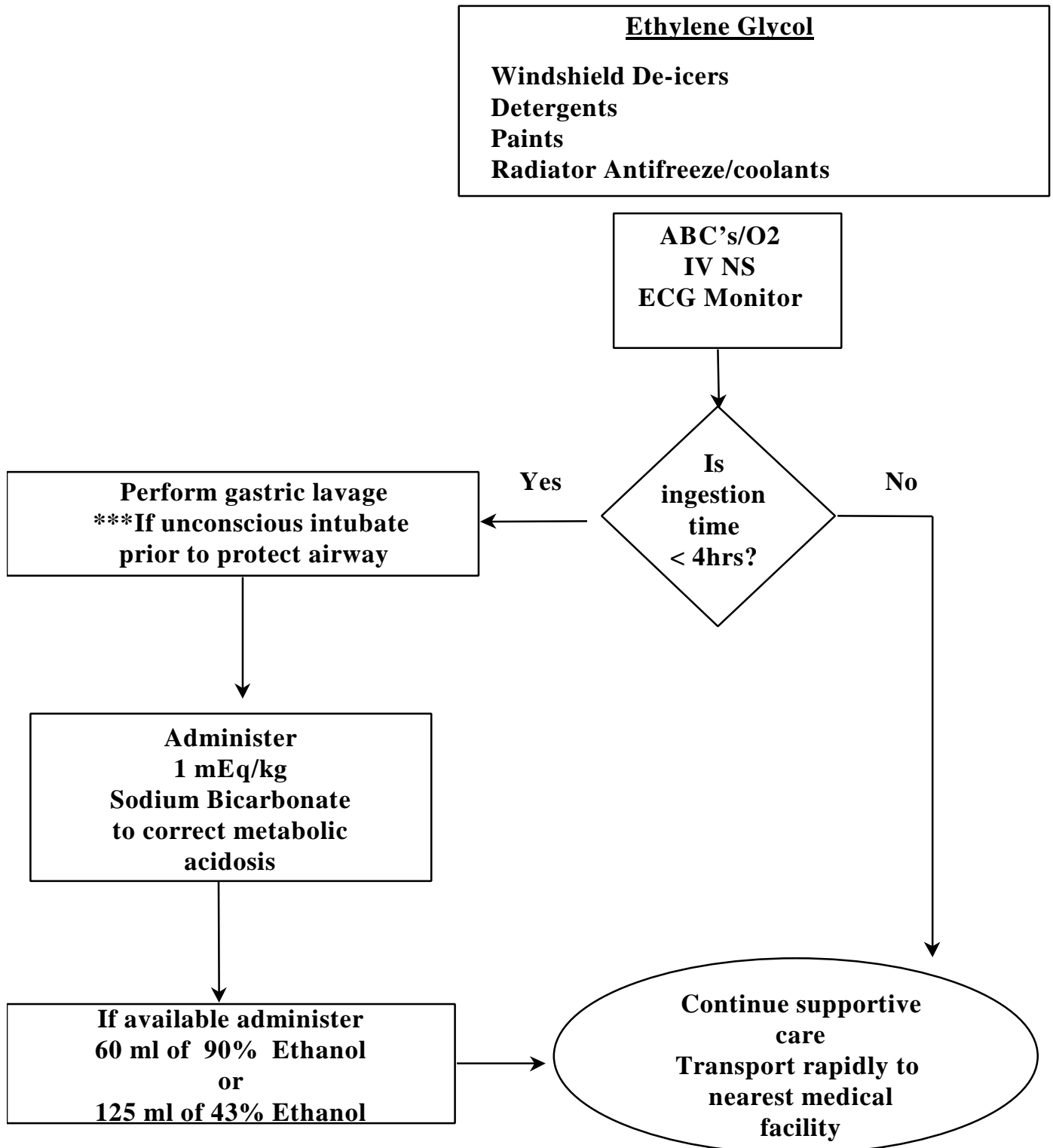


#2

Hydrocarbons**Cleaning/polishing Agents****Spot Removers****Paints****Cosmetics****Pesticides****Turpentine****Kerosene/Gasoline/Lighter Fluid****Phenol****ABC's/O2****IV NS****ECG Monitor****Intubate if decreased LOC****Perform gastric lavage of amounts****>1 ml/kg of petroleum products containing:****Camphor/Benzene/Organophosphates/(Atropine 2mg Q5-15 min)****Arsenics/Lead/Mercury****ONLY w/ Medical Control direction****Continue supportive care****Transport rapidly to nearest
medical facility**

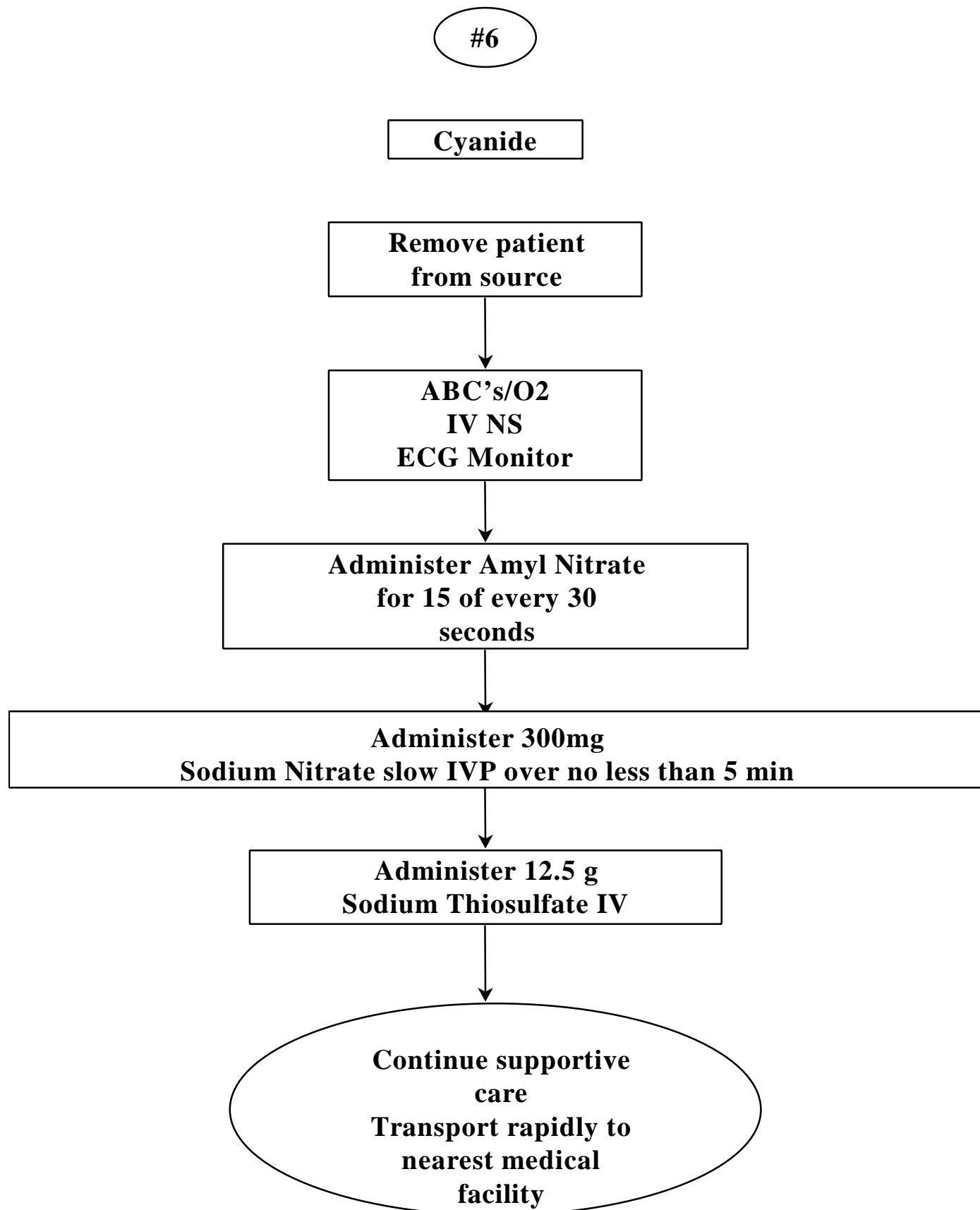


#4



#5

Isopropanol**Rubbing Alcohol****Disinfectants****Degreasers****Industrial cleaning agents****ABC's/O₂****IV NS****ECG Monitor****Perform gastric lavage*******If unconscious intubate
prior to protect airway****Continue supportive
care****Transport rapidly to
nearest medical
facility**



#7

Black Widow Spider

**ABC's/O2
IV NS
ECG Monitor**

**Clean affected area w/
saline
Cover w/ sterile dressing**

**If symptoms are moderate
to severe administer
5 mg Valium IV**

**Continue supportive
care
Transport rapidly to
nearest medical
facility**

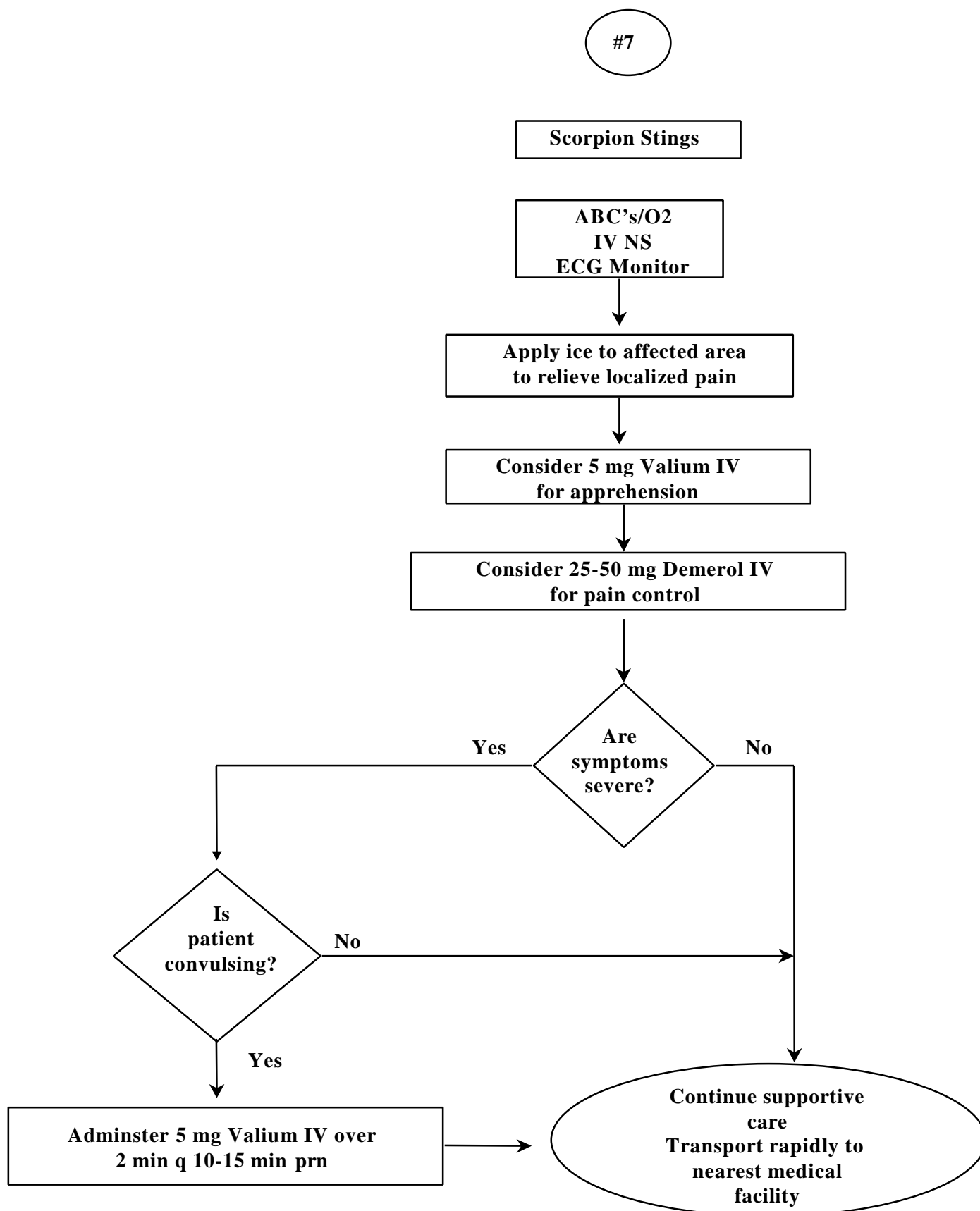
#7

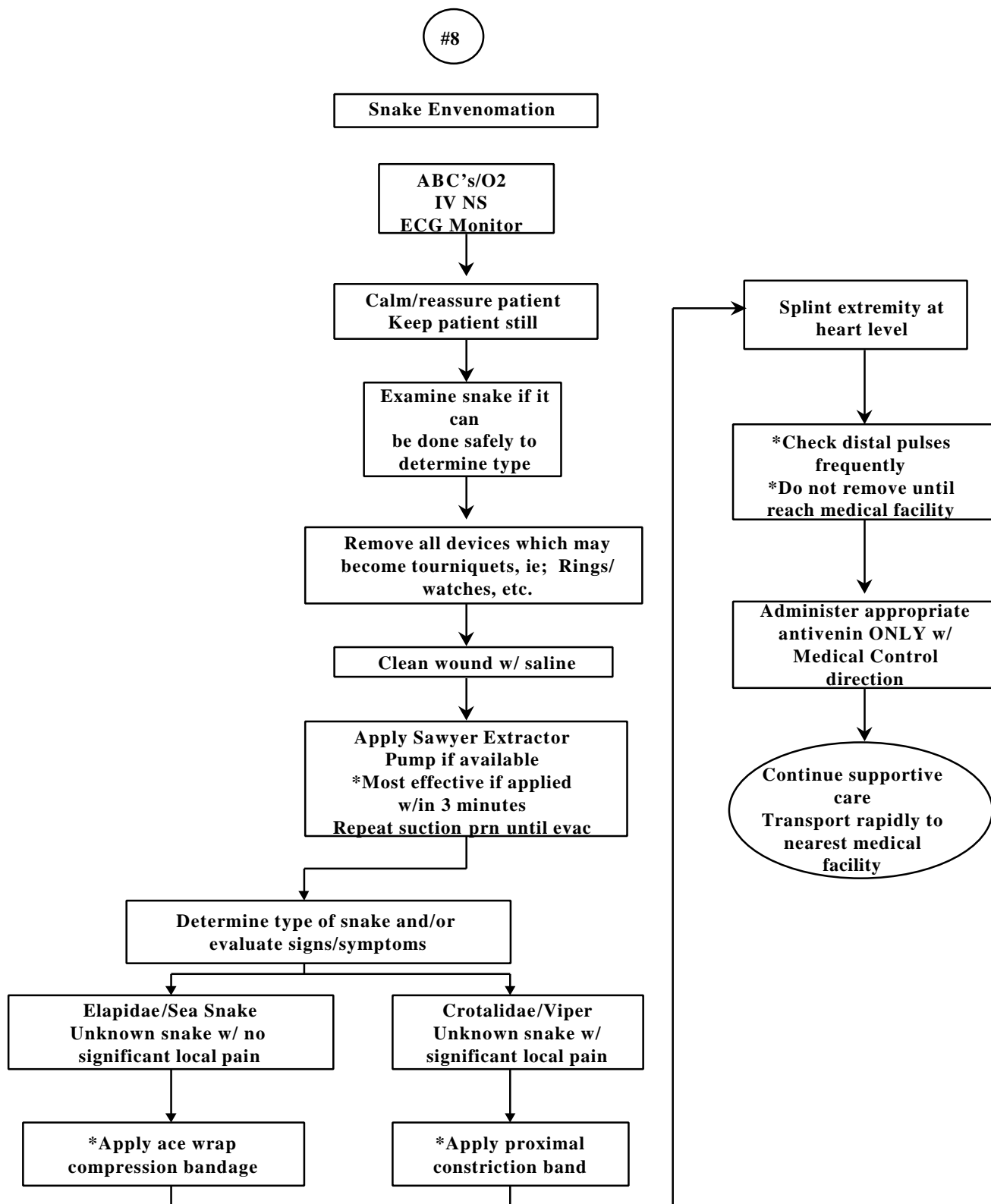
Brown Recluse Spider

**ABC's/O2
IV NS
ECG Monitor**

**Apply cold compresses/
sterile dressing to
affected area**

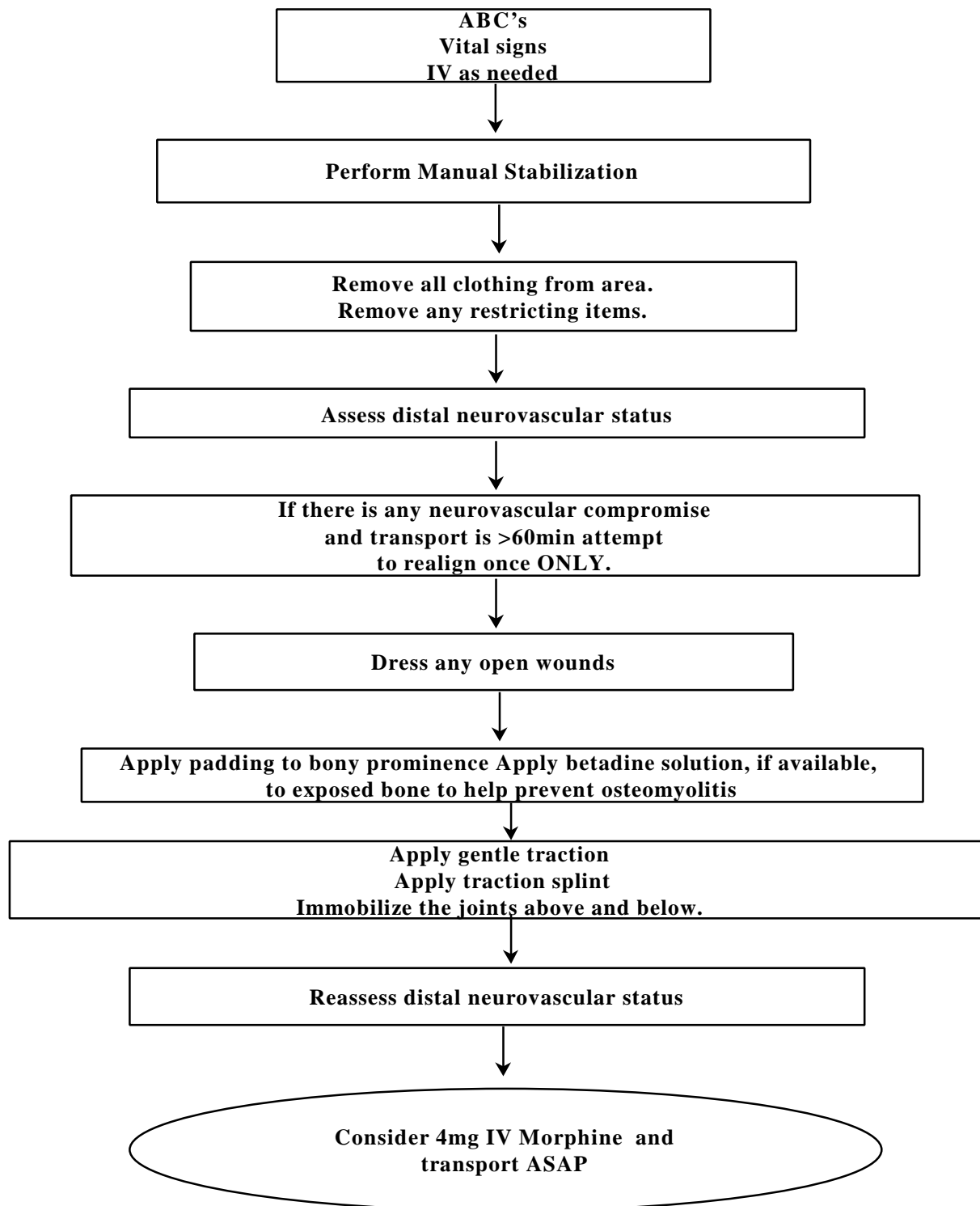
**Continue supportive
care
Transport rapidly to
nearest medical
facility**



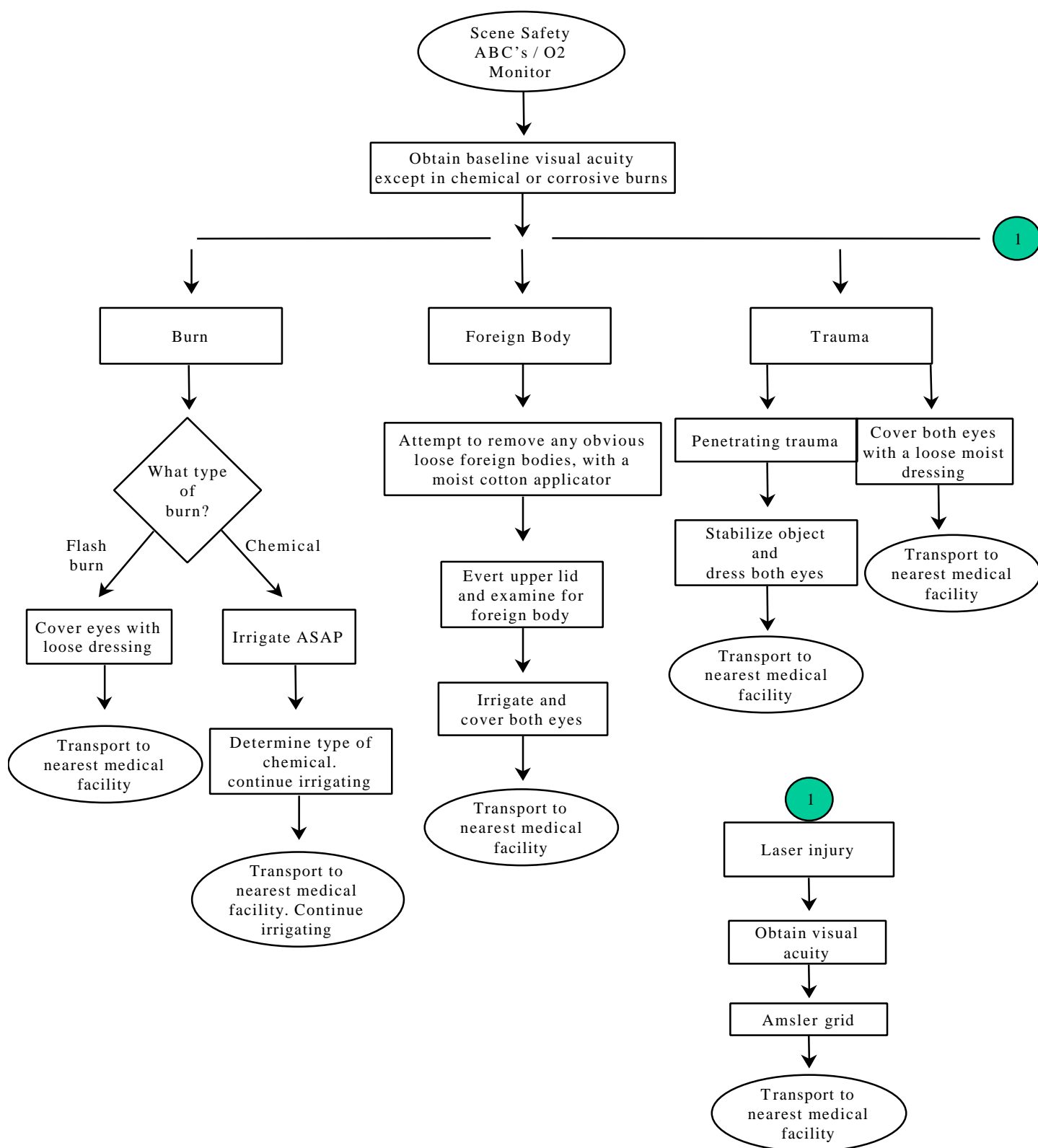


Trauma Care/ Procedures

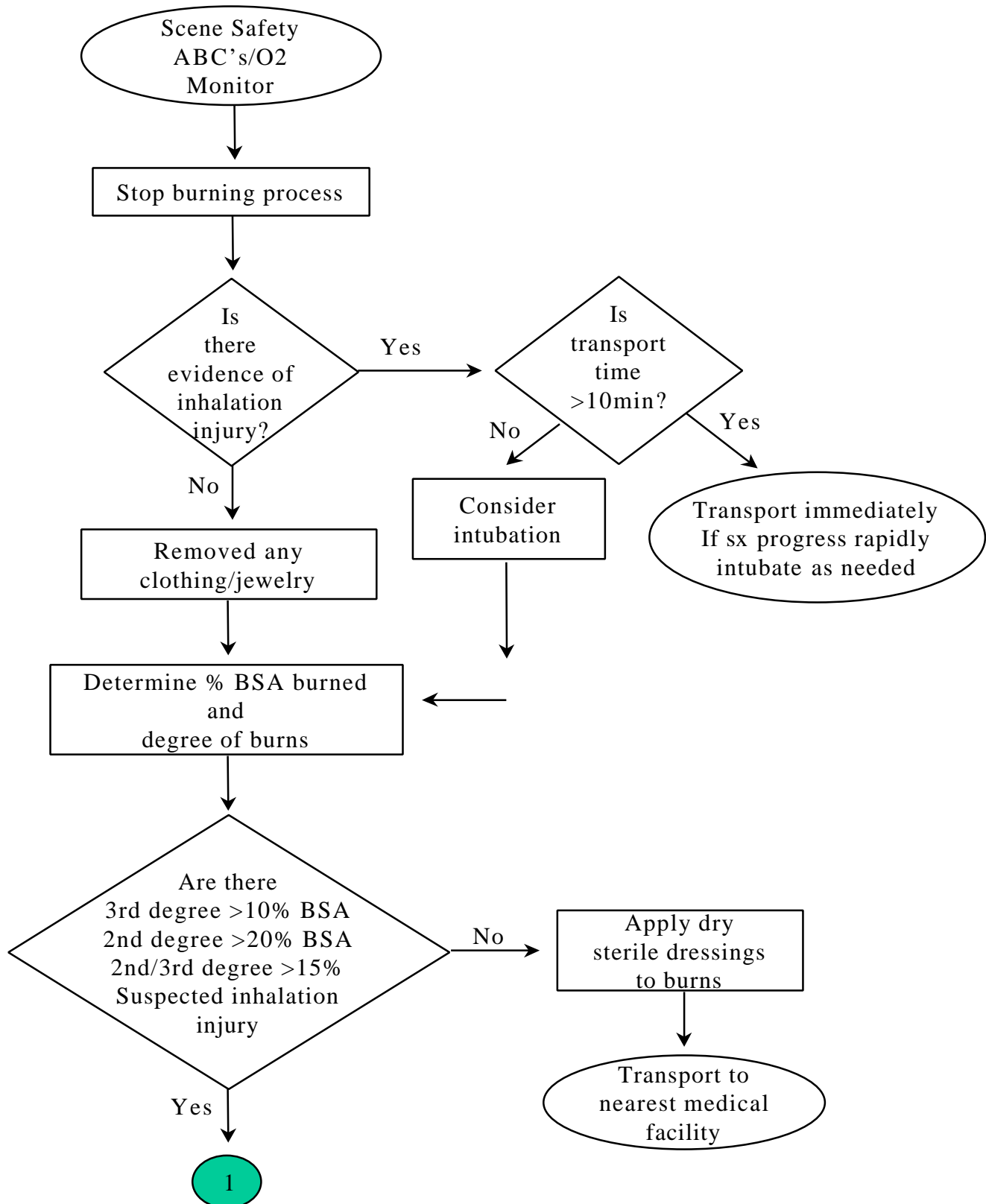
Extremity Trauma

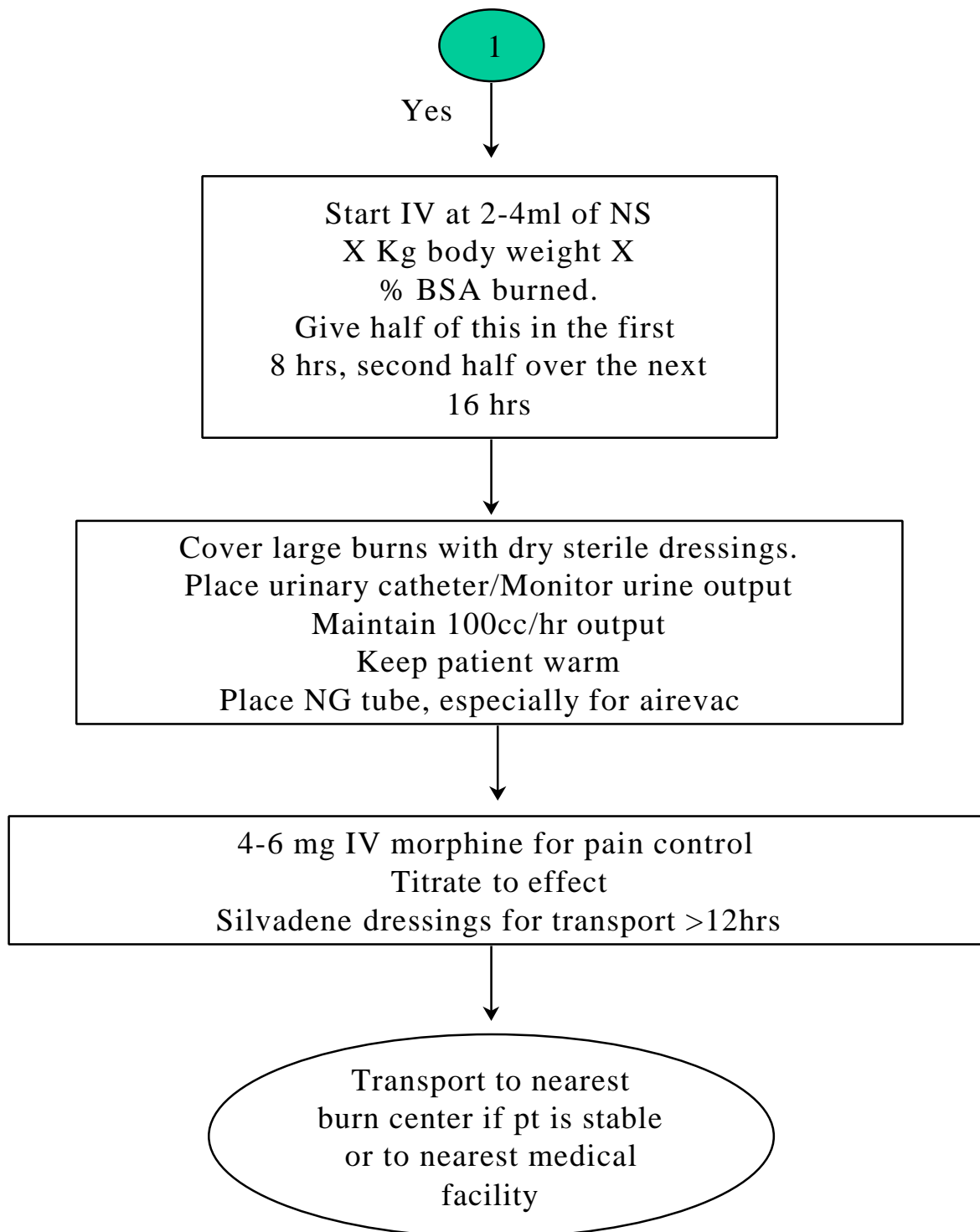


Eye Injuries

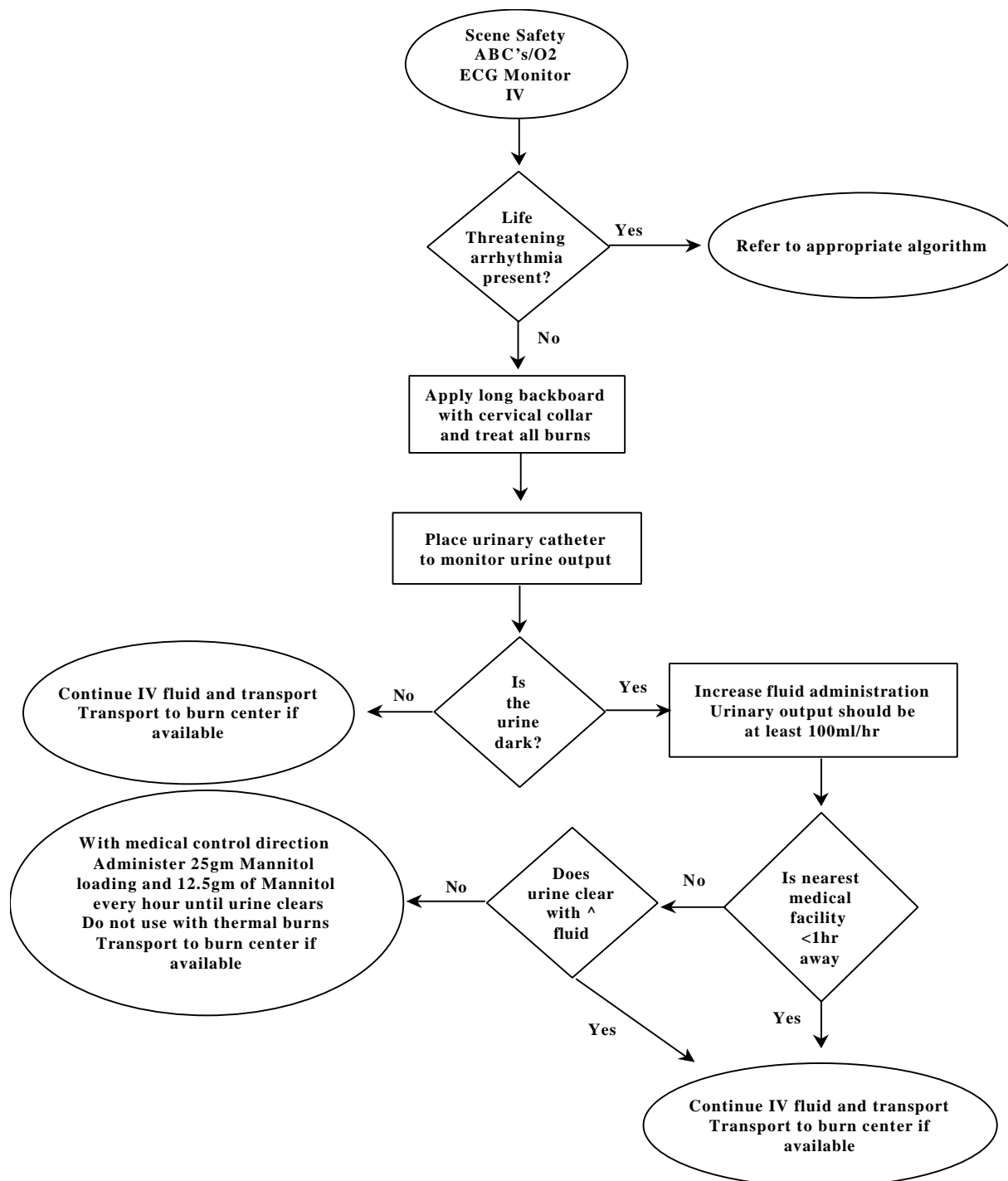


Thermal Burns

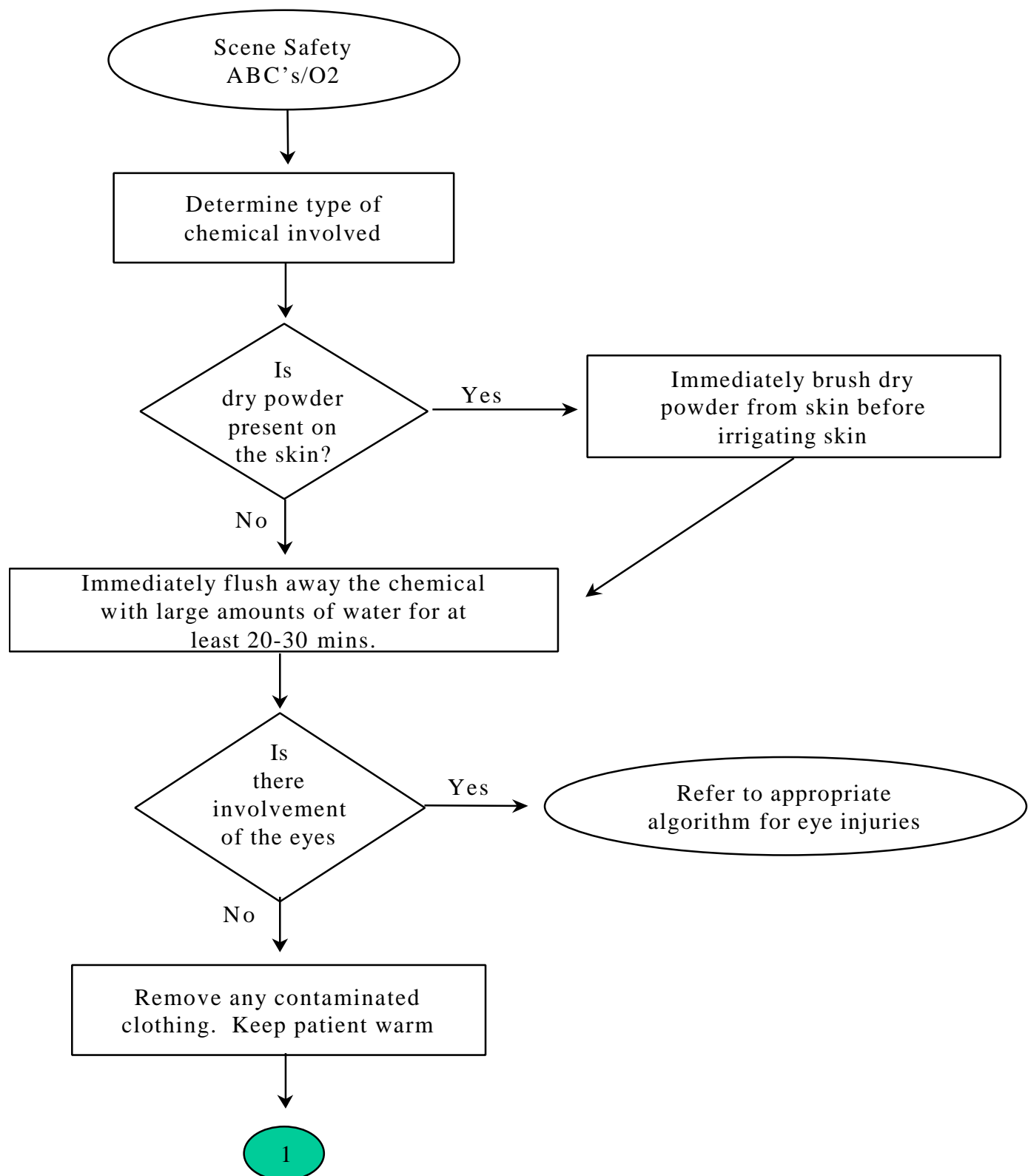


Thermal Burns

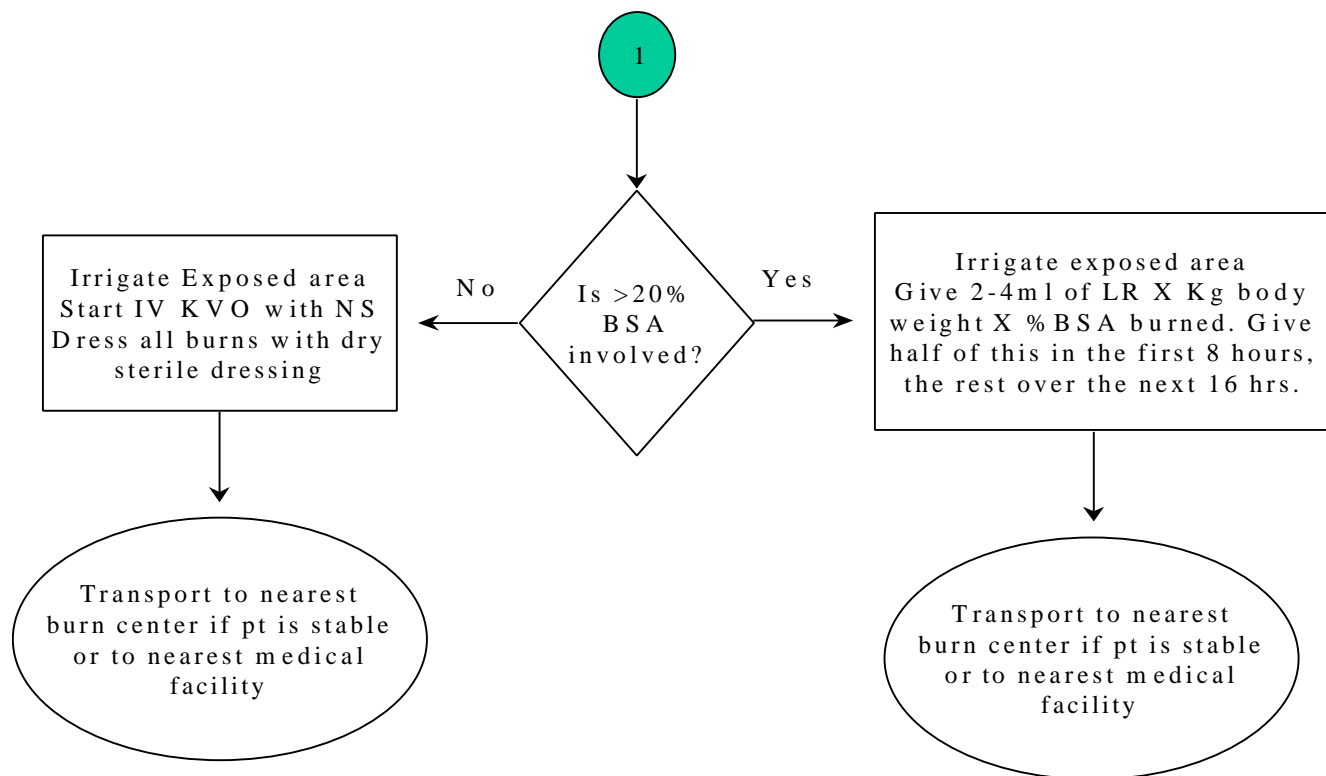
Electrical Burns



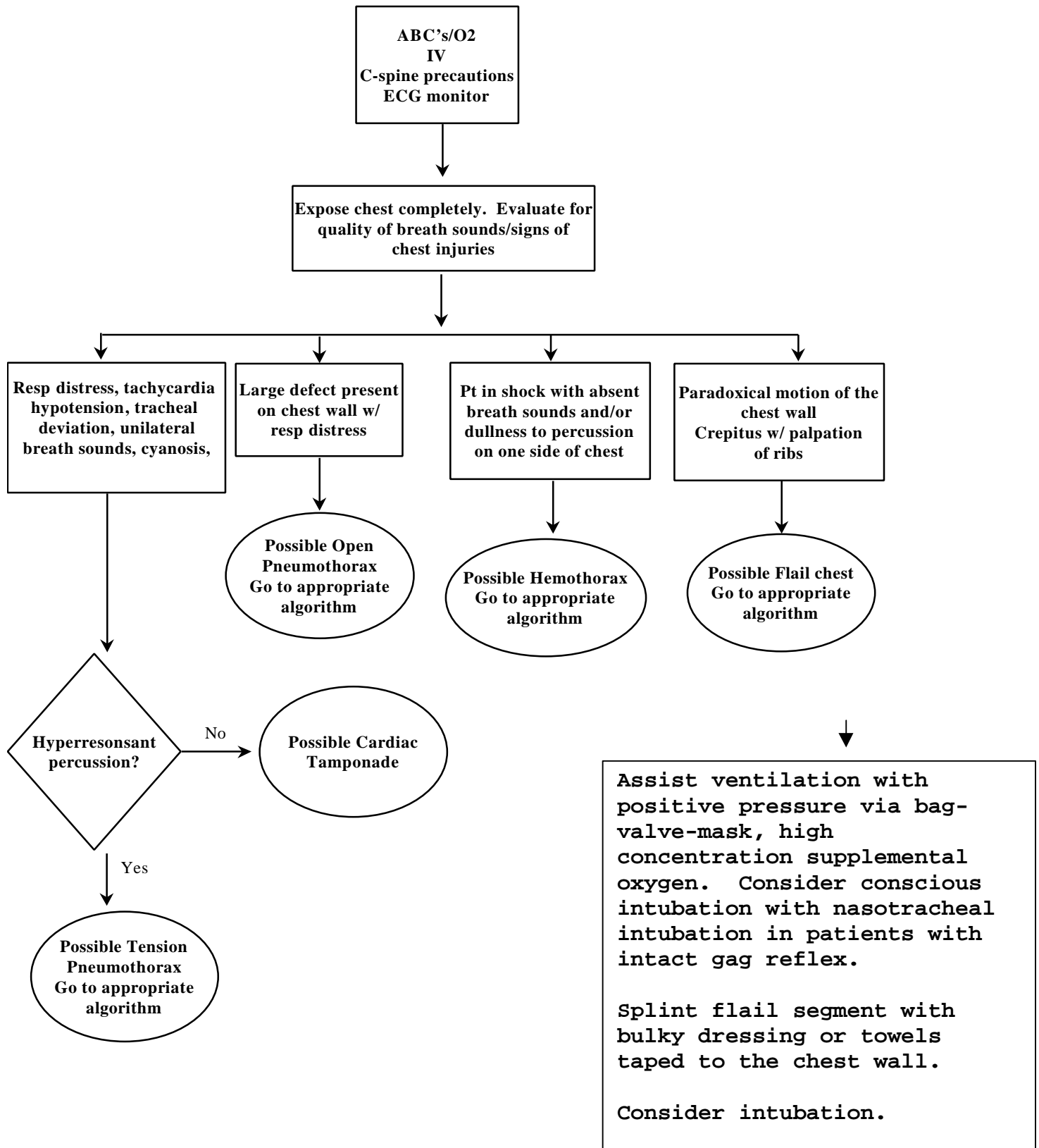
Chemical Burns



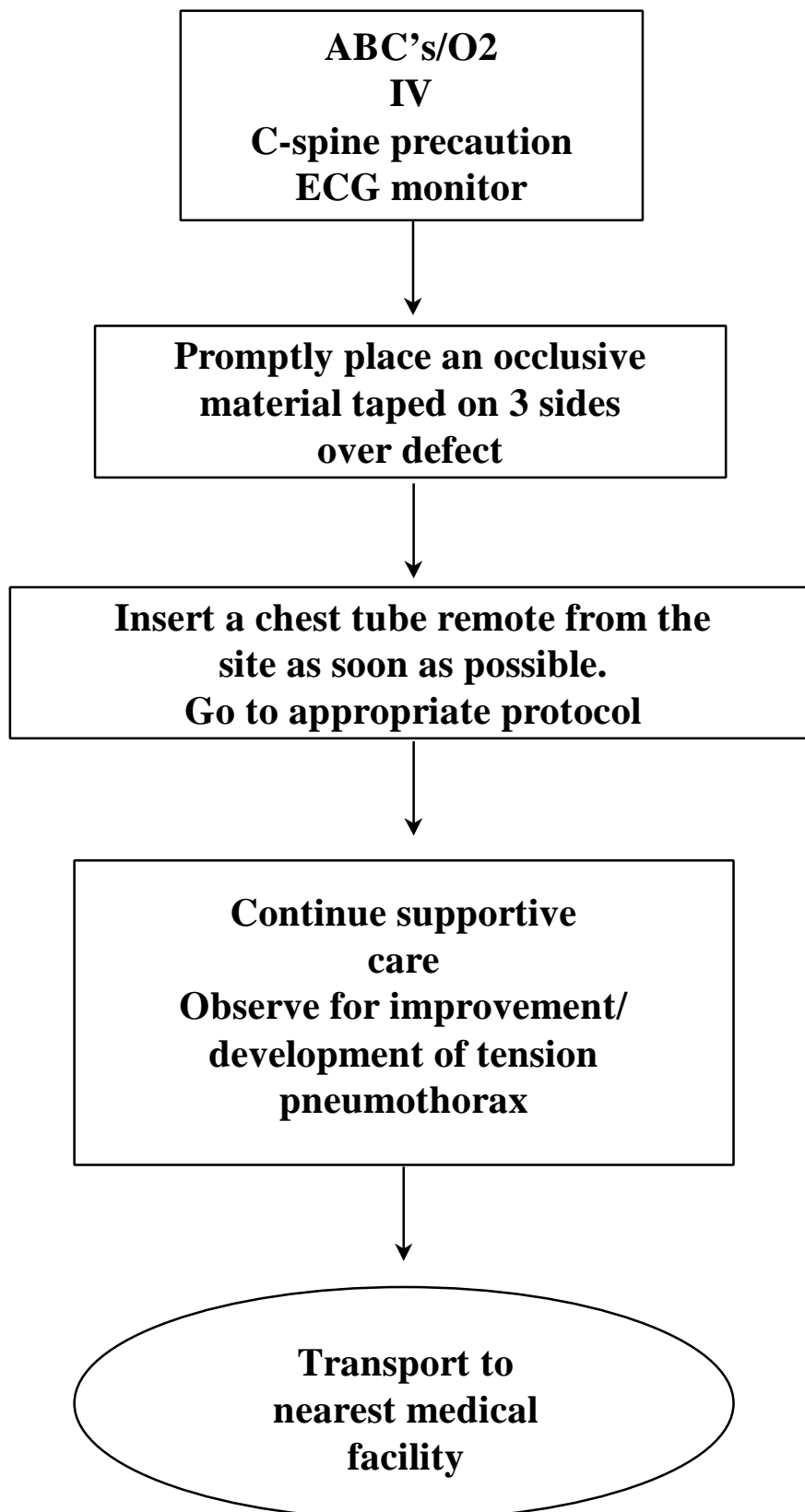
Chemical Burns



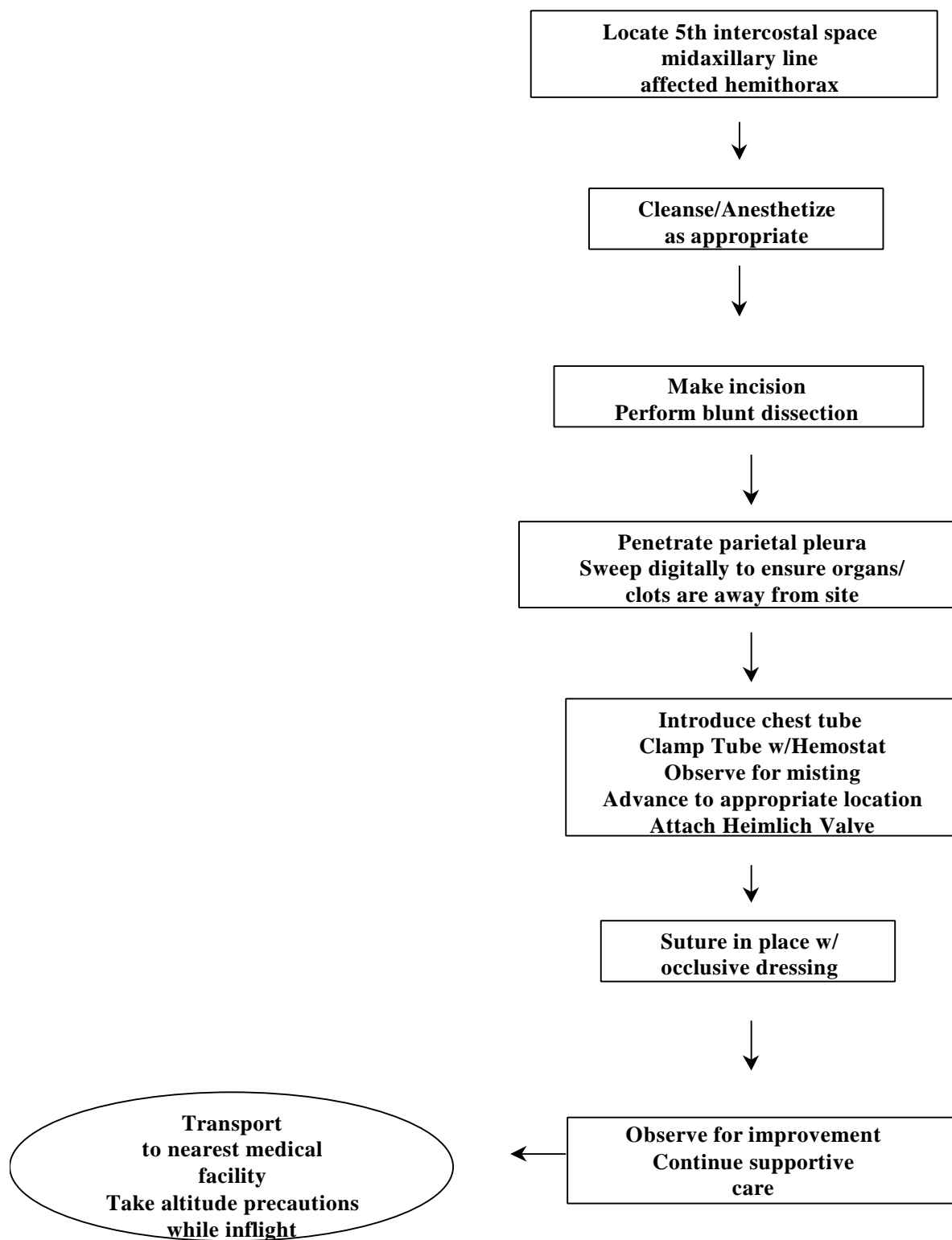
Thoracic Trauma



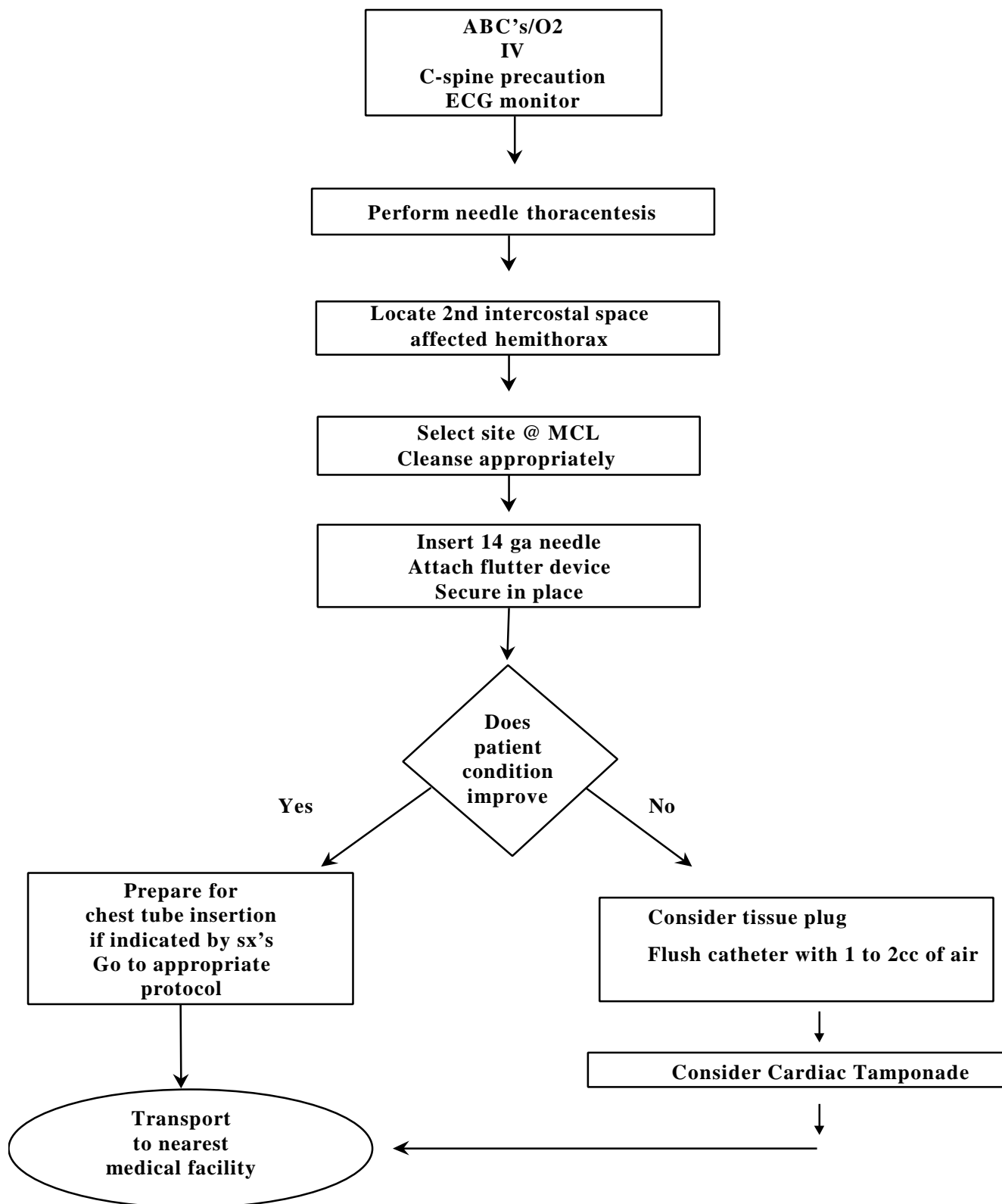
Open Pneumothorax



Chest Tube Insertion

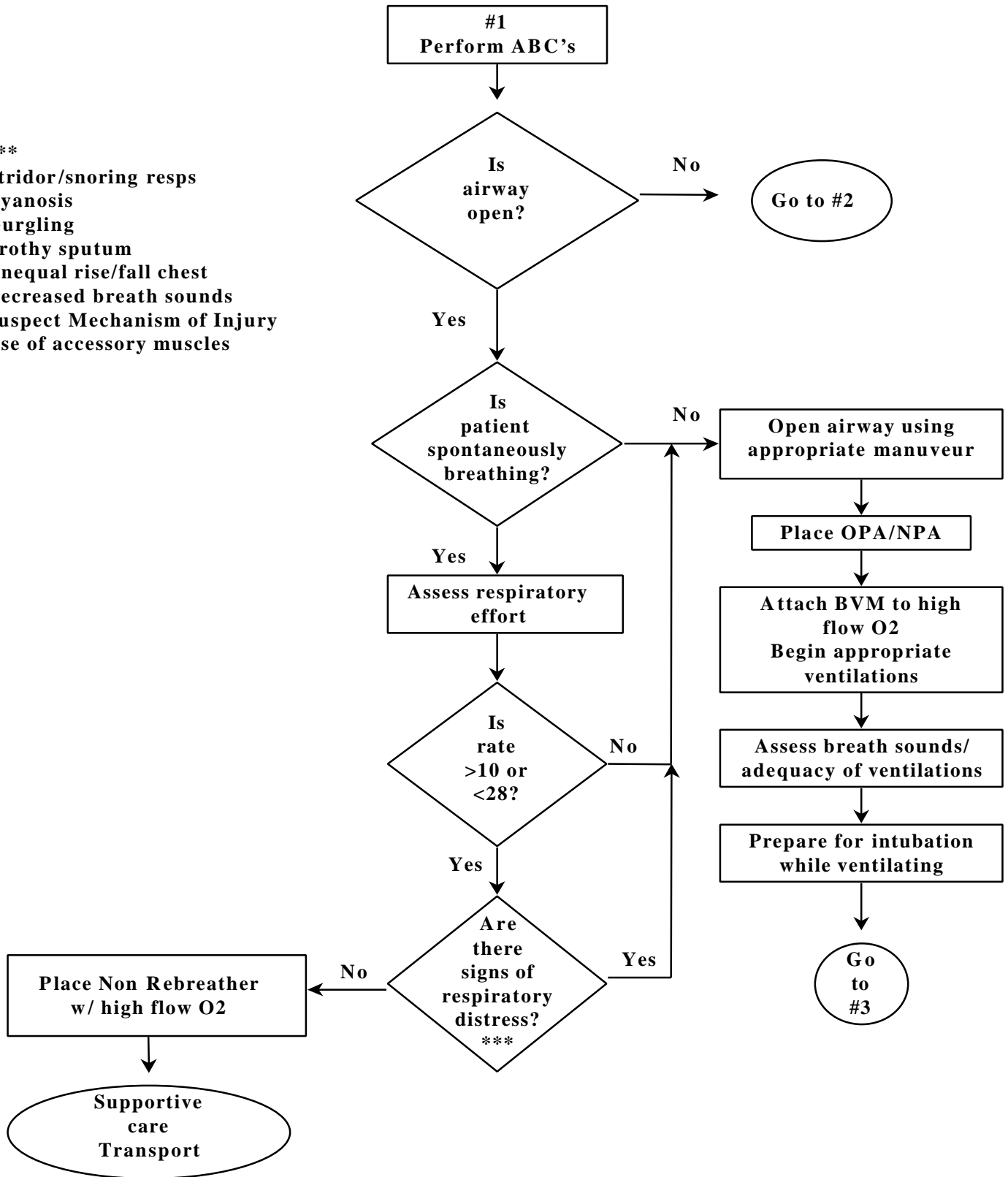


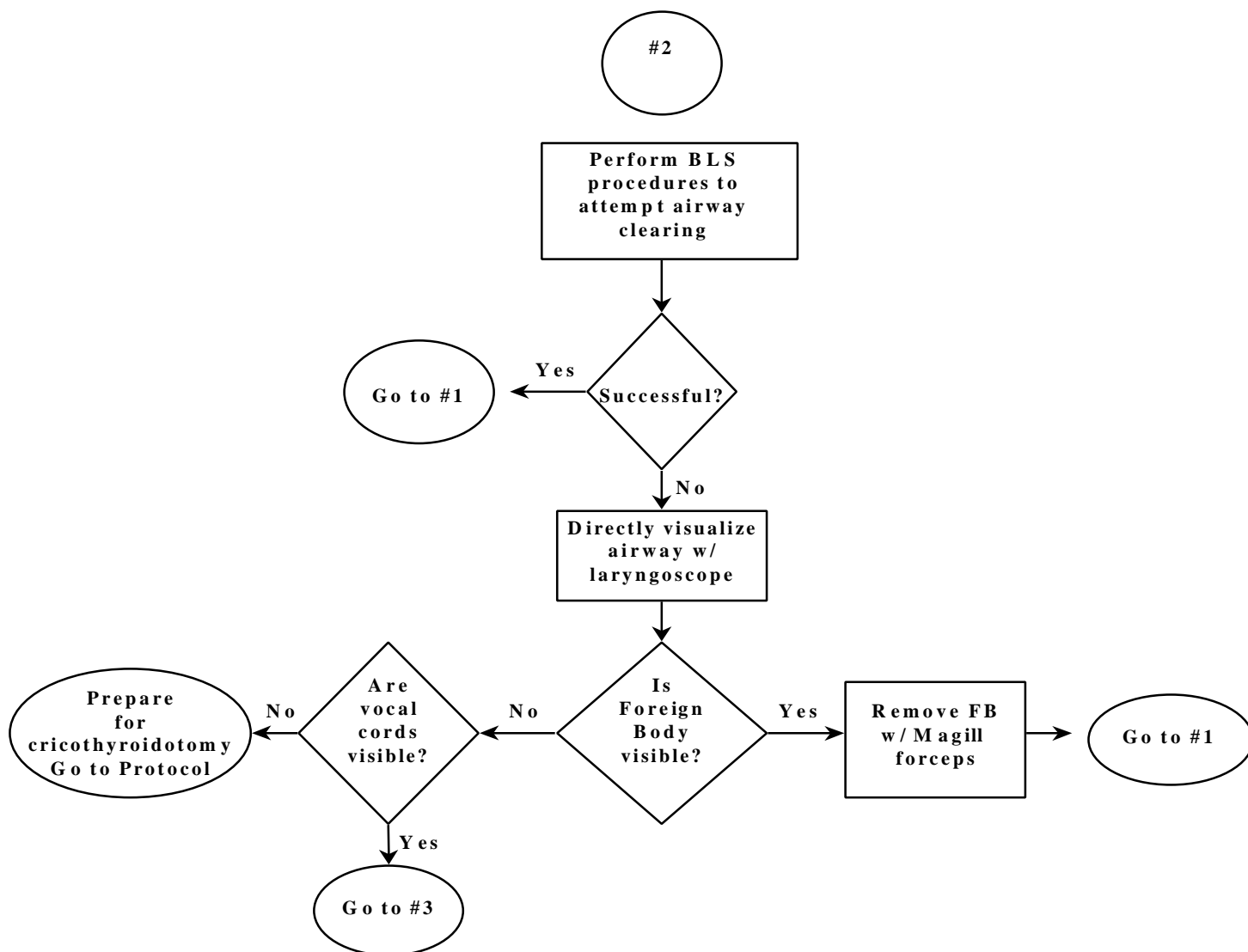
Needle Thoracentesis

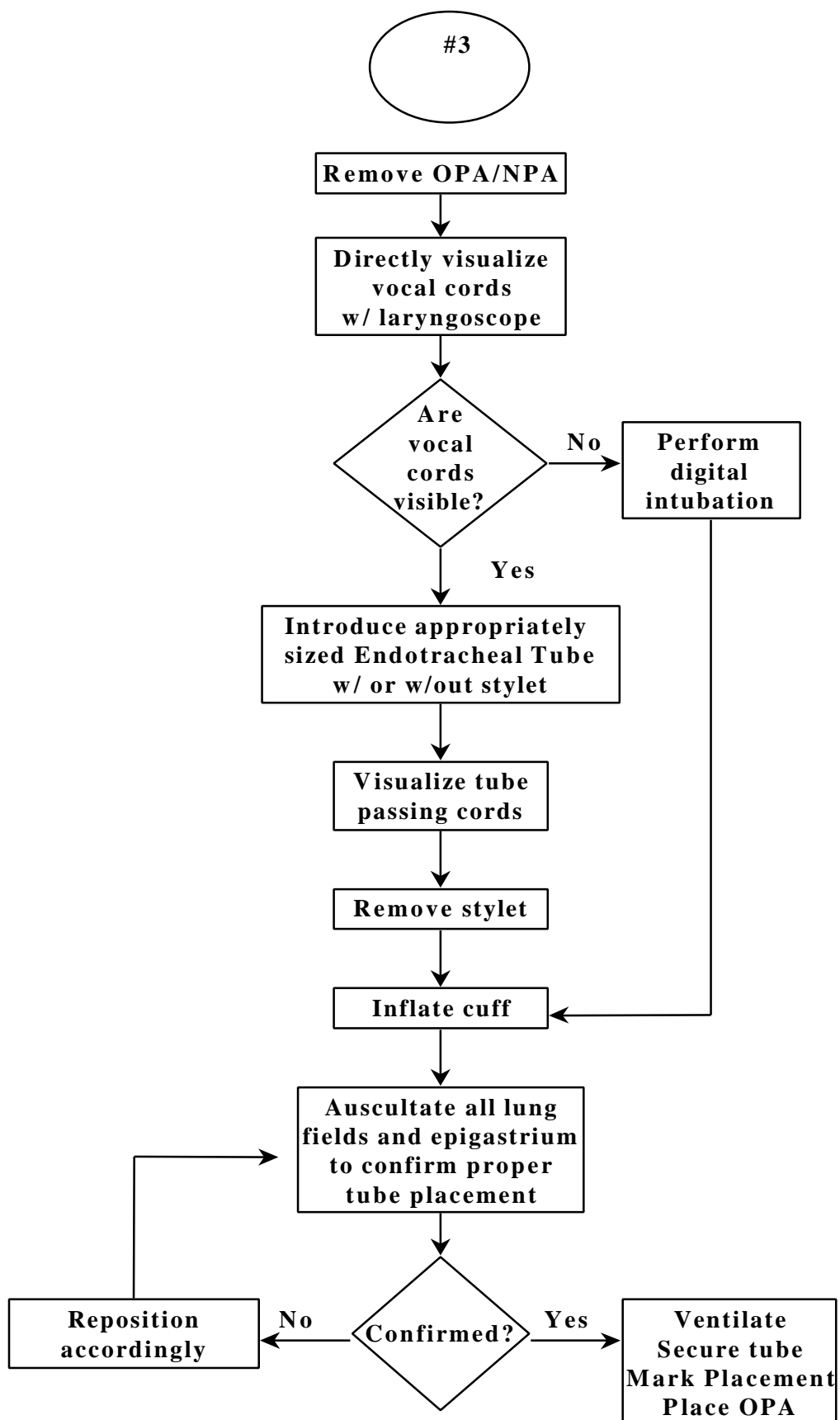


Advanced Airway Procedures

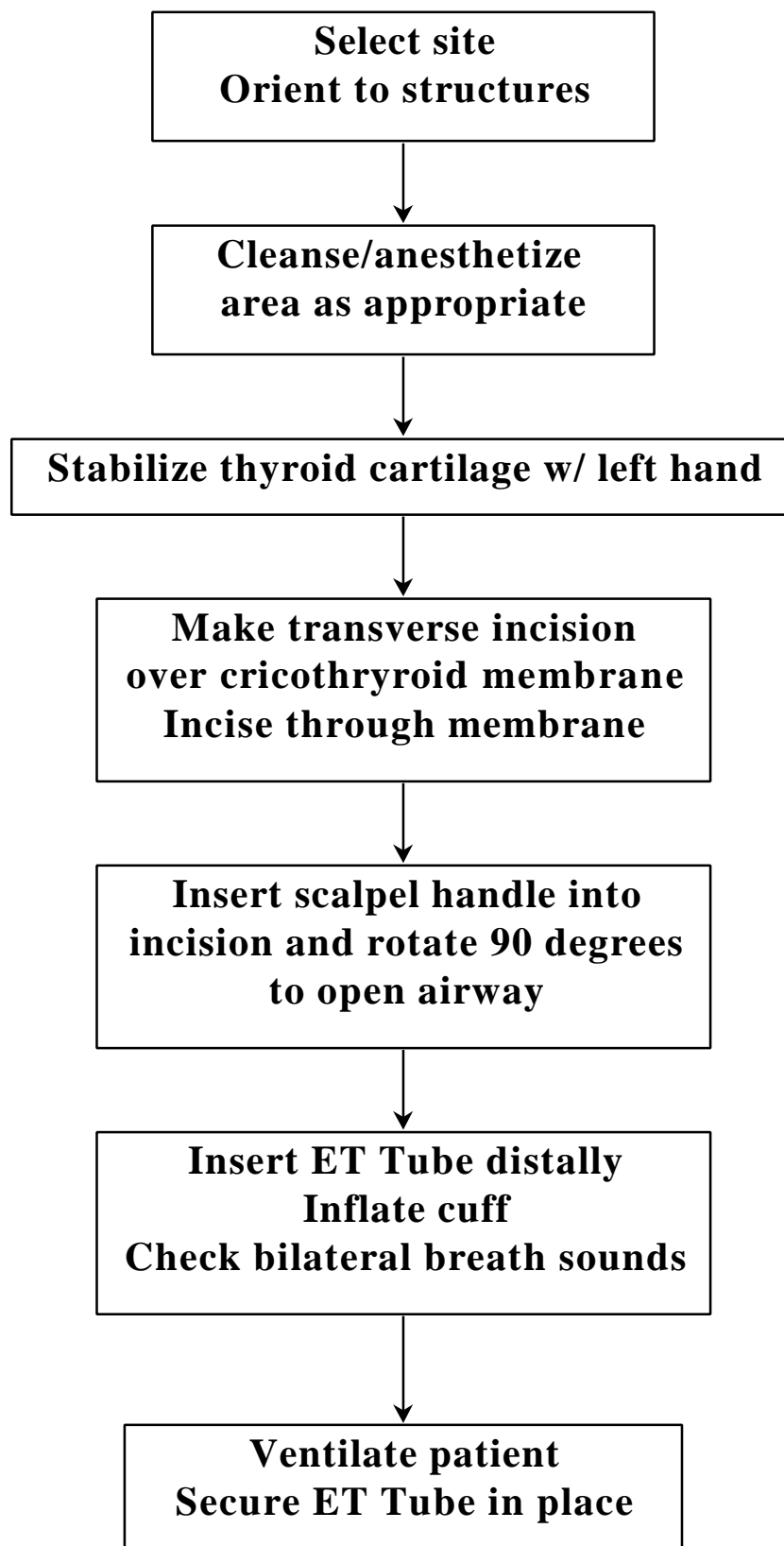
Stridor/snoring resps
Cyanosis
Gurgling
Frothy sputum
Unequal rise/fall chest
Decreased breath sounds
Suspect Mechanism of Injury
Use of accessory muscles



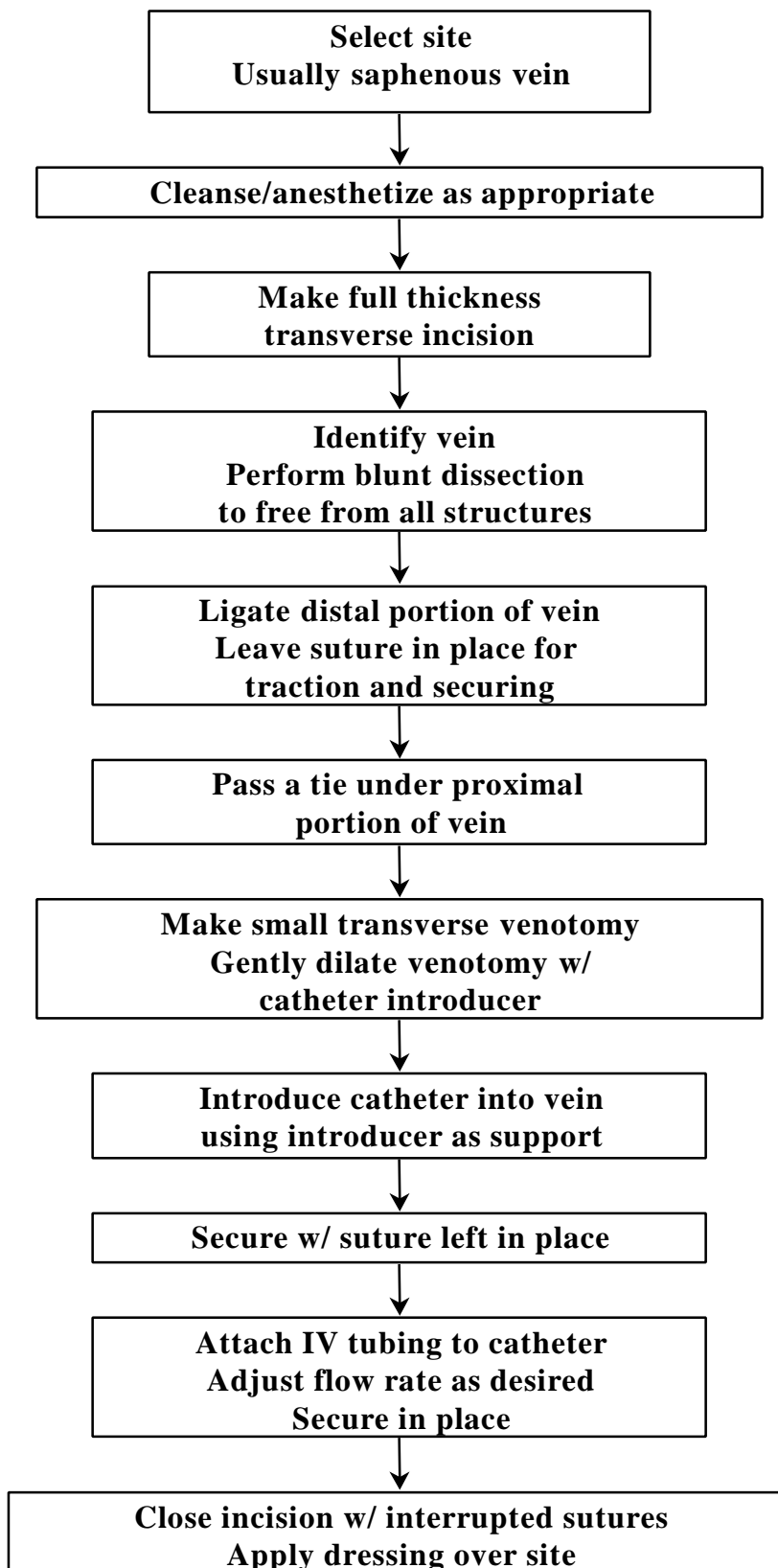




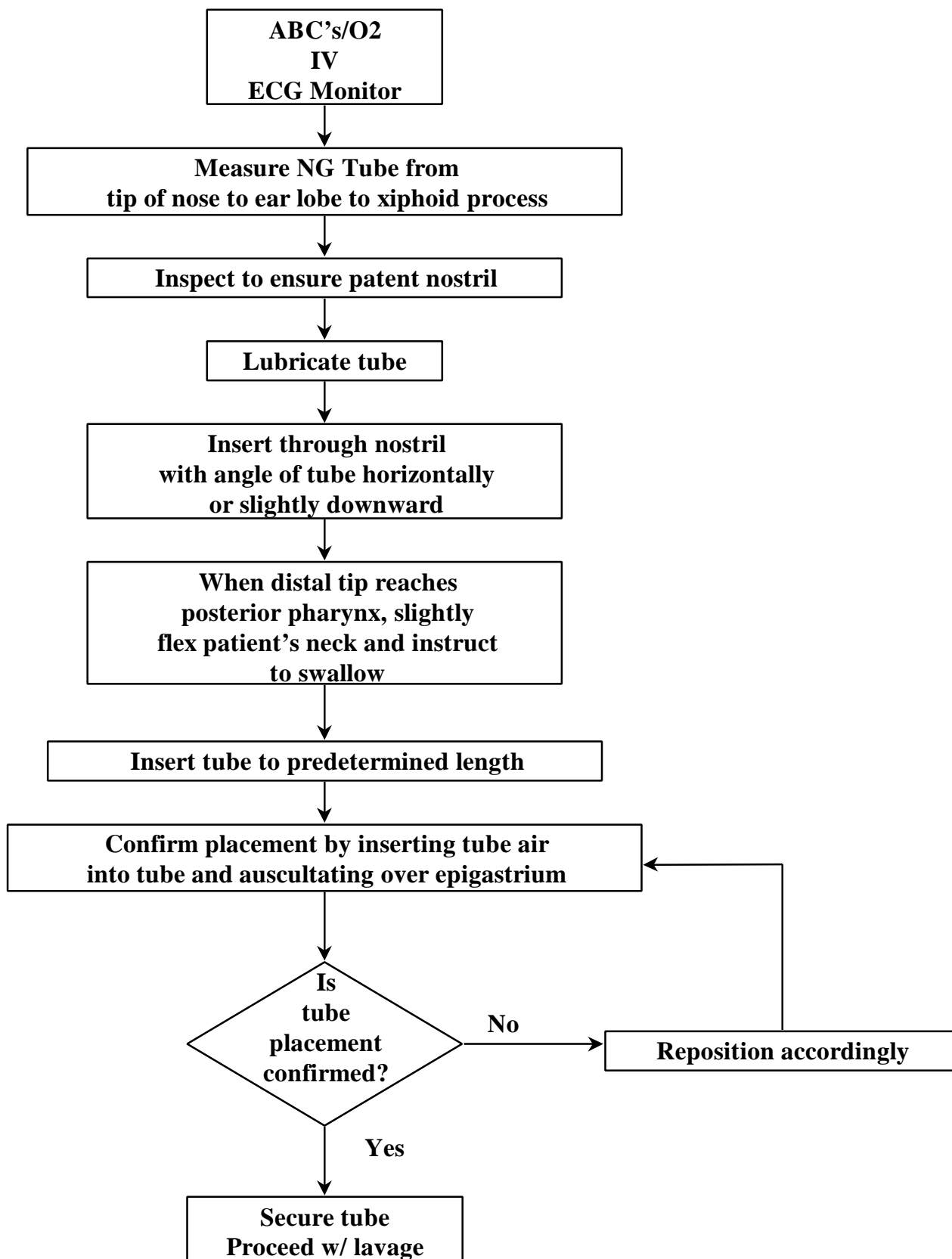
Cricothyroidotomy



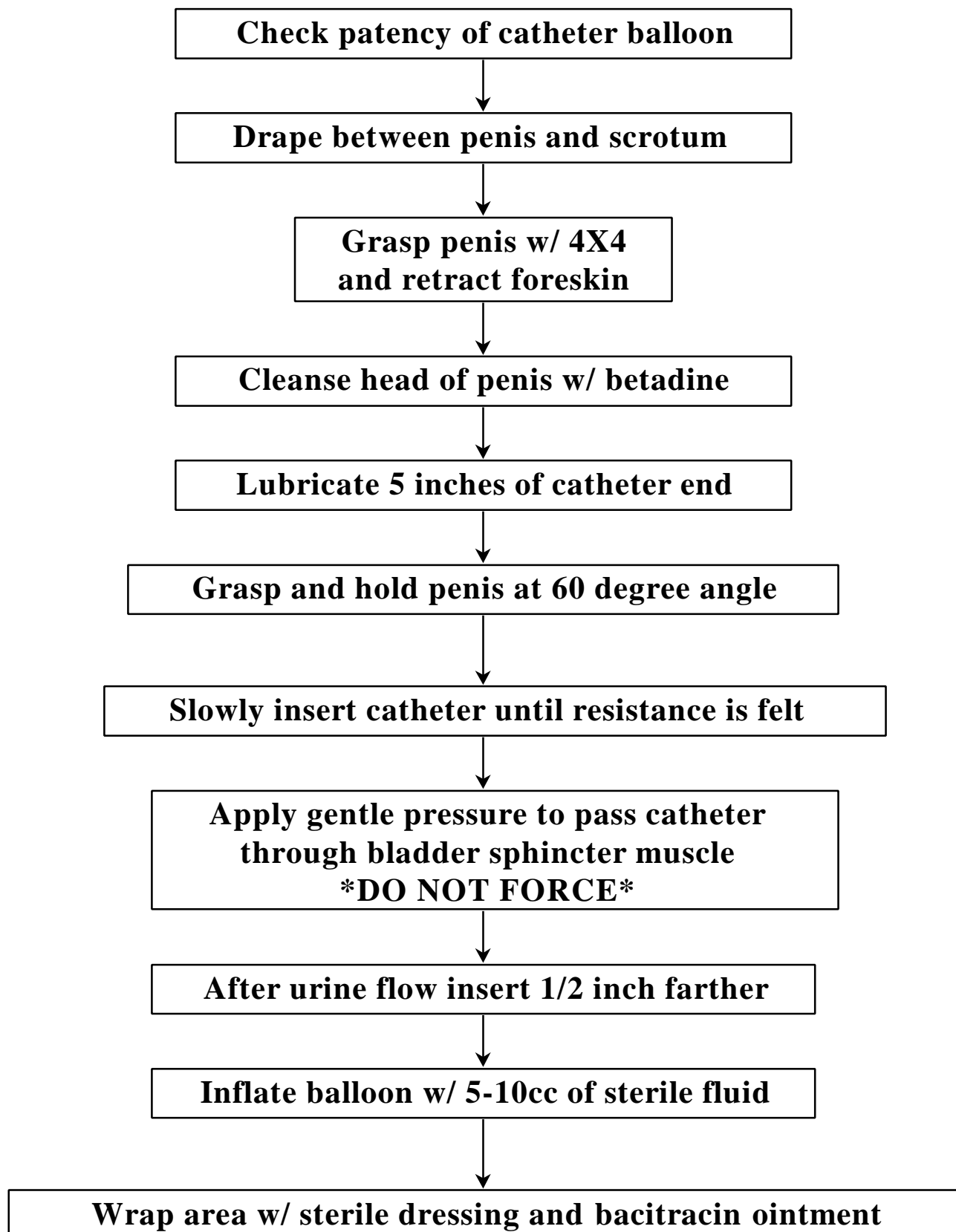
Venous Cutdown



Nasogastric Tube Insertion



Urethral Catheterization



JAMES J. DOUGHERTY, Col, USAF, MC, CFS
Command Surgeon